

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90247 016 ****61.25

DOCUMENT # 733493

1. Entity Name

THE FLORIDA ASSOCIATION OF BLOOD BANKS, INC.

Principal Place of Business

10100 9TH STREET N
SAINT PETERSBURG FL 33716

Mailing Address

PO BOX 22500
ST. PETERSBURG FL 33742

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6140079

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUEY, GUILDAY & TUCKER, P.A.
108 E COLLEGE AVENUE
SUITE 000
TALLAHASSEE FL 32304

Name

Street Address (P.O. Box Number is Not Acceptable)

1983 Centre Pointe Blvd.
Suite 200

City

FL

Zip Code

32308

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GAIR, BILL
1221 NW 13TH ST
GAINESVILLE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
see attached

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PHILLIPS, SHELIA MT
1170 DIANA AVE
NAPLES FL 33940-4565 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BROWN, DAWN
1700 N. S.R. 7
LAUDERHILL FL 33313 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
TODD, KAREN
621 S TAMiami TRAIL
VENICE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SAPINSKY, BETTY ANN
801 6TH ST SO
ST. PETERSBURG FL 33701 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
UNRUE, NANCY
402 JEFFORDS ST
CLEARWATER FL 34616 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

90247016 SECRETARIAL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 April 2001 904 353 8263
Date Daytime Phone #

CR2E037 (10/00)

2000 UNIFORM BUSINESS REPORT (UBR)

Attachment

DOCUMENT # 733493

1. Entity Name

THE FLORIDA ASSOCIATION OF BLOOD BANKS, INC.

Principal Place of Business

3602 SPECTRUM BLVD.
TAMPA FL 33612

Mailing Address

3602 SPECTRUM BLVD.
TAMPA FL 33612

2. Principal Place of Business

10100 9th Street, N.

3. Mailing Address

P.O. Box 22500

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33716

Country

US

Zip

33742-2500

Country

U.S.

4. FEI Number

59-6140079

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUEY, GUILDAY & TUCKER, P.A.
106 E. COLLEGE AVENUE
SUITE 900
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAIR, BILL 1221 NW 13TH ST GAINESVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, SHELIA MT 1170 DIANA AVE NAPLES FL 33940-4565	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, DAWN 1700 N. S.R. 7 LAUDERHILL FL 33313	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TODD, KAREN 621 S TAMiami TRAIL VENICE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAPINSKY, BETTY ANN 801 6TH ST SO ST. PETERSBURG FL 33701	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UNRUE, NANCY 402 JEFFORDS ST CLEARWATER FL 34616	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Chinoda, Anne 32 W. Gore Street Orlando, FL 32806	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	681 4th Avenue, N 34102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Roualt, Charles L. 1700 N. State Rd 7 Lauderhill, FL 33313	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Bertholf, Marsha 536 W. 10th Street Jacksonville FL 32206	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Mutz, Stephanie 1731 Riggins Rd. Tallahassee, FL 32308	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Davis, Diana 216 Manatee Avenue E. Bradenton, FL 34208	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marsha F. Bertholf, M.D.

Marsha F. Bertholf 30 Aug 00 353-8263

Date

Daytime Phone #