2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733493

1. Entity Name

THE FLORIDA ASSOCIATION OF BLOOD BANKS, INC.

10100 9TH STREET N SAINT PETERSBURG FL 33716

Principal Place of Business

Mailing Address

PO BOX 22500

ST. PETERSBURG FL 33742

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|---|--|----------------------------------|--|----------------------------|---|-------------------|--------------------------------|--|--|
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | | |
| City & State | | City & State | | 4. FEI Numbe | 4. FEI Number 59-6140079 Applied For Not Applicab | | | | |
| Zip | Country | Zip | Country | 5. Certificate | 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 | d Agent | | | |
| 1 | | | Name | | | | | | |
| | JILDAY & TUCKER, P.A. | . . . | Street Address (P.O. Box Number in Not Acceptable) Blvd. | | | | | | |
| | OLLEGE AVENUE - | | S (1): | Suite 200 | | | | | |
| Suite-000 Tallahassee Fl -32301- | | | City | re zoo | F | L Zip Code | 308 | | |
| 8. The above | named entity submits this statement for | or the purpose of changing its r | egistered office or re | egistered agent, or both | n, in the state of Florida. | | | | |
| | · | | | | | | , | | |
| | | | | | | | | | |
| SIGNATURE . | Signature, typed or printed name of registered agent | t and title if applicable (NOTE: | Registered Agent signature | required when reinstating) | DATE | - | | | |
| | arginute of 19,000 of philips from the original of the origina | | | | | | | | |
| FILE NOW: FEE IS \$61.25 | | | | | Make Check Payable to Department of State | | | | |
| 10. | OFFICERS AND DI | RECTORS | 11. | ADDITIONS/CHA | NGES TO OFFICERS AND I | DIRECTORS IN | 10 | | |
| TITLE | Р | ₩ Delete | TITLE | | · · · · · · · · · · · · · · · · · · · | ☐ Change | ☐ Addition | | |
| NAME | gair, bill | | NAME | 1 | | | | | |
| STREET ADDRESS | 1221 NW 13TH ST | | STREET ADDRESS | he a | Hached | | | | |
| CITY-ST-ZIP | GAINESVILLE FL | | CITY-ST-ZIP | | | | | | |
| TITLE | D | ☐ Delete | TITLE | | | Change | ☐ Addition | | |
| NAME | PHILLIPS, SHELIA MT | • | NAME | | | | | | |
| STREET ADDRESS | 1170 DIANA AVE | | STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | NAPLES FL 33940-4565 | | CITY-ST-ZIP | | | | | | |
| TITLE 5 | _ D | Delete · | _ TITLE | | | Change | Addition . | | |
| NAME | BROWN, DAWN | • | NAME | | | | | | |
| STREET ADDRESS | 1700 N. S.R. 7 | | STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | LAUDERHILL FL 33313 | | CITY-ST-ZIP | | <u> </u> | | | | |
| TITLE | T | Delete | TITLE | | | ☐ Change | ☐ Addition | | |
| NAME | TODD, KAREN | . . | NAME | | | | | | |
| STREET ADDRESS | 621 S TAMIAMI TRAIL | | STREET ADDRESS CITY-ST-ZIP | | | | | | |
| CITY-ST-ZIP | VENICE FL | | | | | | | | |

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.

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

SAPINSKY, BETTY ANN

ST. PETERSBURG FL 33701

801 6TH ST SO

UNRUE, NANCY

402 JEFFORDS ST

CLEARWATER FL 34616

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Delete

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Change

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|---|---|--|-------------------------------|--|--|--|---------------------------|-----------------------------|--|--|
| DOCUMENT # 733493 1. Entity Name | | | | | • 1 | | | | | |
| THE FLORIDA ASSOCIATION OF BLOOD BANKS, INC. | | | | | | | | | | |
| Principal Plac | ce of Business | Mailing Address | | | 1127 | 2349 | 3 | | | |
| 3602 SPECTRUM BLVD. TAMPA FL 33612 | | 3602 SPECTRUM BLVD. TAMPA FL 33612 | | | 53W35 | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address P.C. Box 22500 | | | | | | | | |
| Suite, Apt. #, etc. | | P. C. Box 22500 Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | | | |
| St. Petershurg, FL | | St. Petersburg FL | | 4. FI | 59-61400 |)79 | . No | pplied For ot Applicable | | |
| 33° | 116 US | 33742 2500 | Country | 5. C | ertificate of Status Desire | ed 🔲 | \$8.75 Add Fee Require | | | |
| | 6. Name and Address of Current Registered Agent | | | 7. N | ame and Address of Ne | w Registered | Agent | | | |
| | | | | Name | | | | | | |
| | JILDAY & TUCKER, P.A. OLLEGE AVENUE | | Street A | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| SUITE 90 | 0 | | | | | | | | | |
| TALLAHASSEE FL 32301 | | | City | | | FL | Zip Code | е | | |
| 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 | | | | | | | | | | |
| Sale Language | Signature, typed or printed name of registered agent at | nd title if applicable. (NOTE: Regi | stered Agent signat | ure required when rein | stating) | DATE | With more of | | | |
| After Sept | FILE NOW: FEE IS \$61.25 ember 13 2000 min. will be \$23 | 9. Election Campaign 16.25 Trust Fund Contrib | | \$5.00 M Added to R | ************************************** | lake Check I Department | -30 -4 -6 -1 | | | |
| 10. | OFFICERS AND DIRI | | 11. | ADDITIO | ONS/CHANGES TO OFF | ICERS AND DIF | | | | |
| TITLE NAME | GAIR, BILL | | title Name | Chino | da, Anne | | ⊠ Change | Addition | | |
| STREET ADDRESS CITY-ST-ZIP | 1221 NW 13TH ST GAINESVILLE FL | the state of the s | STREET ADDRESS City-St-Zip | 32 W. | Gore Stre | et 2006 | | | | |
| TITLE | D D | | TITLE | Urlan | 00, FL 20 | 2800 | Change | Addition | | |
| NAME OTOGET ADODESIS | PHILLIPS, SHELIA MT | | name Street address | Lacur | Avenue, N | 1 | • | Ì | | |
| STREET ADDRESS CITY-ST-ZIP | 1170 DIANA AVE NAPLES FL 33940-4565 | | CITY-ST-ZIP | 601 7" | | 4 102 | | | | |
| TITLE | D | ,220,000 | TITLE | <u>γ</u> Ρ | | i ~ | Change | ∠ Addition | | |
| STREET ADDRESS | Brown, Dawn 1700 n. s.r. 7 | | NAME STREET ADDRESS | 1700 K | it Charles | 3 T | · | | | |
| CITY-ST-ZIP | LAUDERHILL FL 33313 | | CITY-ST-ZIP | Lande | | 33313 | | F= (1 101 | | |
| name | TODD, KAREN | | TITLE NAME | II Berths | olf. Marshu | t- | Change | 🔀 Addition | | |
| STREET ADDRESS CITY-ST-ZIP | 621 S TAMIAMI TRAIL | | STREET ADDRESS City-St-Zip | | 10th Stree | | | | | |
| TITLE | VENICE FL D | | TITLE | <u>Surra</u> | prville Fl | | ⊃ ≰Z Change | Addition | | |
| NAME CTOCCT ADDOCCC | SAPINSKY, BETTY ANN | Į., | VAME | Mutz | Stephanie | e | | | | |
| STREET ADDRESS CITY-ST-ZIP | 801 6TH ST SO ST. PETERSBURG FL 33701 | | STREET ADDRESS CITY-ST-ZIP | | iggins Rd assee FL | 32308 | | Ì | | |
| TITLE | D | | TITLE | D | | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | ☐ Change | Addition | | |
| NAME STREET ADDRESS | UNRUE, NANCY 402 JEFFORDS ST | _ | NAME STREET ADDRESS | ישימער א | Diana Anatee Au | ع ماره ج | | | | |
| CITY-ST-ZIP | CLEARWATER FL 34616 | | CITY-ST-ZIP | Brade | oton FL 3 | <u> 4 308 </u> | | | | |
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| SIGNATURE: Dough & Butthell MD. Marsha F. Bertholf 30 aug 00 353-8213 | | | | | | | | | | |