

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90135 030 \*\*\*\*61.25

**DOCUMENT # 736589**

1. Entity Name  
**FLORIDA'S BLOOD CENTERS, INC.**



Principal Place of Business

**32 W GORE ST  
PO BOX 568613  
ORLANDO FL 32806**

Mailing Address

**32 W GORE ST  
PO BOX 568613  
ORLANDO FL 32806**

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 **59-0668473**

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

**CARR, EDWARD O  
32 W. GORE ST.  
ORLANDO FL 32806**

Name **CHINODA, ANNE K.**

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

**32W GORE ST.**

City **ORLANDO**

**FL**

Zip Code **32806**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Anne K Chinoda*

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/24/03*

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VC** ☐ Delete  
NAME **KITZ, C. DEAN**  
STREET ADDRESS **BOX 165000, MSFLAPKA 0234**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32716-5000**

TITLE **PD** ☐ Change ☒ Addition  
NAME **Chinoda, Anne K.**  
STREET ADDRESS **32 W. Gore St.**  
CITY-ST-ZIP **Orlando, FL 32806**

TITLE **MALD** ☒ Delete  
NAME **JASMUND, DAVID J**  
STREET ADDRESS **7007 SEA WORLD DR**  
CITY-ST-ZIP **ORLANDO FL 32821**

TITLE **MALD** ☐ Change ☒ Addition  
NAME **ARNOLD SHARON E.**  
STREET ADDRESS **1000 AAA DRIVE**  
CITY-ST-ZIP **HEATHROW, FL 32746-5063**

TITLE **C** ☐ Delete  
NAME **YATES, LEIGHTON D**  
STREET ADDRESS **200 S. ORANGE AVE.**  
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **MALD** ☐ Change ☒ Addition  
NAME **RICHMOND, C. BRADFORD**  
STREET ADDRESS **5900 LAKE ELLENOR DR**  
CITY-ST-ZIP **ORLANDO, FL 32859**

TITLE **PCEO** ☒ Delete  
NAME **CARR, EDWARD O**  
STREET ADDRESS **32 W GORE ST.**  
CITY-ST-ZIP **ORLANDO FL**

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

TITLE **DT** ☐ Delete  
NAME **BOONE, DAVID E**  
STREET ADDRESS **200 S ORANGE AVE.**  
CITY-ST-ZIP **ORLANDO FL**

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

TITLE **MALD** ☒ Delete  
NAME **TOMPKINS, CHARLES D**  
STREET ADDRESS **7007 SEA WORLD DR**  
CITY-ST-ZIP **ORLANDO FL 32821**

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

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:

*SIGNATURE REQUIRED*

*4/24/03(407) 999-8495*

CR2E037 (10/02)