

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90240 049 ****70.00

DOCUMENT # 751255

1. Entity Name

FLORIDA BLOOD SERVICES FOUNDATION, INC.

Principal Place of Business	Mailing Address
1224 TURNER STREET, STE 103 CLEARWATER FL 33756 10100 Ninth St No St. Petersburg, FL 33761	1224 TURNER STREET, STE 103 CLEARWATER FL 337163806 10100 Ninth St No St. Petersburg, FL 33761



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2216675		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	<input checked="" type="checkbox"/>			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BABKA, ROBIN = William G. Cummings JR. 101 PALMETTO RD BELLEAIR FL 33756				Name William G. Cummings, Jr. Street Address (P.O. Box Number is Not Acceptable) 1829 Nottingham Lane City Clearwater FL Zip Code 33764			

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 W G Cummings Jr. DATE 4/13/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PD CUMMINGS, WILLIAM G JR 1829 NOTTINGHAM LANE CLEARWATER FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BABKA, ROBIN 101 PALMETTO RD BELLEAIR FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete DAMSKER, BENJAMIN H II 460 ALTHEA RD BELLEAIR FL 33756	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FLUHARTY, STEPHEN P. 2416 Watrous Ave Tampa, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete BIRCH, DOUGLAS R 1401 CT ST CLEARWATER FL 33756	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WISEMAN, TODD A. 7320 Yardley Way Tampa, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete UPMEYER, ERNST A II 1333 INDIAN ROCKS RD. BELLEAIR FL 33756	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ROSENBLUM, BARBARA L. 7 AMBLESIDE DRIVE BELLEAIR FL 33756	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: W G Cummings Jr. DATE: 4/13/00 PHONE: 727-531-3731
Signature, typed or printed name of signing officer or director