

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

DOCUMENT # 751255

1. Entity Name

FLORIDA BLOOD SERVICES FOUNDATION, INC.

01-31-2002 90260 001 ****61.25
 01-31-2002 90260 002 *****8.75

Principal Place of Business: 10100 NINTH ST NORTH ST PETERSBURG FL 33761
 Mailing Address: 10100 NINTH ST NORTH ST PETERSBURG FL 33761

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2216675 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: CUMMINGS, WILLIAM G JR, 1829 NOTTINGHAM LANE, CLEARWATER FL 33764
 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: _____ (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: P NAME: CUMMINGS, WILLIAM G JR STREET ADDRESS: 1829 NOTTINGHAM LANE CITY-ST-ZIP: CLEARWATER FL 33764	<input type="checkbox"/> Delete	TITLE: PAST PRESIDENT NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: BAKKA, ROBIN STREET ADDRESS: 101 PALMETTO RD CITY-ST-ZIP: BELLEAIR FL 33756	<input checked="" type="checkbox"/> Delete	TITLE: DIRECTOR NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: FLUHARTY, STEPHEN P STREET ADDRESS: 2416 WATROUS AVE P.O. Box 1 CITY-ST-ZIP: TAMPA FL 33629 33601-0001	<input type="checkbox"/> Delete	TITLE: PRESIDENT NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: WISEMAN, TODD A STREET ADDRESS: 7320 YARBLEY WAY 200 S. Parker St CITY-ST-ZIP: TAMPA FL 33607 33606	<input type="checkbox"/> Delete	TITLE: VICE PRESIDENT NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: UPMEYER, ERNST A II STREET ADDRESS: 1333 INDIAN ROCKS RD. CITY-ST-ZIP: BELLEAIR FL 33756	<input checked="" type="checkbox"/> Delete	TITLE: DIRECTOR NOT OFFICER NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: ROSENBLUM, BARBARA L STREET ADDRESS: 7 AMBLESIDE DRIVE CITY-ST-ZIP: BELLEAIR FL 33756	<input checked="" type="checkbox"/> Delete	TITLE: DIRECTOR NOT OFFICER NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<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 files empowered.

SIGNATURE: [Signature] 1-10-02 7271 5682231
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (9/01)