

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90257 038 \*\*\*\*61.25

**DOCUMENT # 833175**

1. Entity Name

**AMERICAN ASSOCIATION OF KIDNEY PATIENTS, INC.**

Principal Place of Business

**100 S. ASHLEY DRIVE  
 #280  
 TAMPA FL 33602**

Mailing Address

**100 S. ASHLEY DRIVE  
 #280  
 TAMPA FL 33602**

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

**11-2306416**

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

**ROBINSON, KRIS  
 100 S. ASHLEY DRIVE  
 #280  
 TAMPA FL 33602**

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**

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 **PD** ☐ Delete  
 NAME **WHITE, JOSEPH W**  
 STREET ADDRESS **245 NORMAN DRIVE**  
 CITY-ST-ZIP **RAMSEY NJ**

TITLE **D** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **9 Fox Run**  
 CITY-ST-ZIP **Ramsey, NJ 07401**

TITLE **TD** ☐ Delete  
 NAME **REID, MARC E**  
 STREET ADDRESS **3908 W CORONA ST**  
 CITY-ST-ZIP **TAMPA FL 33629**

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

TITLE **SD** ☐ Delete  
 NAME **DYSON, BRENDA**  
 STREET ADDRESS **P.O. BOX 55868**  
 CITY-ST-ZIP **JACKSON MS 39296**

TITLE **PD** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD** ☐ Delete  
 NAME **THURSTON, ALICE M**  
 STREET ADDRESS **4700 CONNECTICUT AVE. N.W.**  
 CITY-ST-ZIP **WASHINGTON DC 20008**

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

TITLE **VD** ☒ Delete  
 NAME **JONES, DAVID**  
 STREET ADDRESS **280 LORRAINE RD**  
 CITY-ST-ZIP **GLEN ELYN IL 60137**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition  
 NAME **Bonny Wilburn**  
 STREET ADDRESS **1005 Squaw Valley**  
 CITY-ST-ZIP **Brownsville, TX 78520**

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**

**27 APR 01**

**P13.839.1422**

CR2E037 (10/00)