

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90118 011 *****61.25

DOCUMENT # 833175

1. Entity Name

AMERICAN ASSOCIATION OF KIDNEY PATIENTS, INC.

Principal Place of Business

Mailing Address

100 S. ASHLEY DRIVE
#280
TAMPA FL 33602

100 S. ASHLEY DRIVE
#280
TAMPA FL 33602

2. Principal Place of Business

3505 E. Frontage Rd
Suite, Apt. #, etc.
315

3. Mailing Address

3505 E. Frontage Rd
Suite, Apt. #, etc.
315

City & State

Tampa FL

City & State

Tampa FL

Zip

33607

Country

USA

Zip

33607

Country

USA



DO NOT WRITE IN THIS SPACE

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)

3505 E. Frontage Rd Ste 315

City

Tampa

FL

Zip Code

33607

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]
Signature, typed or printed name of registered agent and title if applicable.

Executive Director

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/02

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	D	<input type="checkbox"/> Delete
NAME	WHITE, JOSEPH W	
STREET ADDRESS	9 FOX RUN	
CITY-ST-ZIP	RAMSEY NJ 07401	
TITLE	TD	<input type="checkbox"/> Delete
NAME	REID, MARC E	
STREET ADDRESS	3908 W CORONA ST	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DYSON, BRENDA	
STREET ADDRESS	P.O. BOX 55868	
CITY-ST-ZIP	JACKSON MS 39296	
TITLE	VD	<input type="checkbox"/> Delete
NAME	THURSTON, ALICE M	
STREET ADDRESS	4700 CONNECTICUT AVE. N.W.	
CITY-ST-ZIP	WASHINGTON DC 20008	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILBURN, BONNY	
STREET ADDRESS	1005 SQUAW VALLEY	
CITY-ST-ZIP	BROWNSVILLE TX 78520	
TITLE	VD	<input type="checkbox"/> Delete
NAME	Rosa Rivera-mizzoni	
STREET ADDRESS	1 Davis Blvd Ste 304	
CITY-ST-ZIP	Tampa FL 33606	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/02

813-636-8100

Date

Daytime Phone #

CR2E037 (9/01)

0039562