

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90009 039 ***158.75

DOCUMENT # K34077

1. Entity Name

JACKSONVILLE BLOOD BANK, INC.

Principal Place of Business

**536 W. 10TH STREET
JACKSONVILLE FL 32203
US**

Mailing Address

**536 W. 10TH ST.
JACKSONVILLE FL 32206**

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 **59-0766984**

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

**MALLOY, DALE R
536 W 10TH ST
JACKSONVILLE FL 32206**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DC** ☐ Delete
NAME **KEENE, WILLIS R MD**
STREET ADDRESS **130 N GROSS RD**
CITY-ST-ZIP **KINGSLAND GA 31548**

TITLE **D** ☒ Change ☐ Addition
NAME **Keene, Willis R. M.D.**
STREET ADDRESS **130 N. Gross Road**
CITY-ST-ZIP **Kingsland, GA 31548**

TITLE **DS** ☐ Delete
NAME **VAN NORTWICK, WILLIAM JR**
STREET ADDRESS **301 MLK JR BLVD**
CITY-ST-ZIP **TALLAHASSEE FL 32399-1850**

TITLE **DV** ☐ Change ☒ Addition
NAME **Anderson, John E.**
STREET ADDRESS **1801 Art Museum Drive, P.O. Box 45243**
CITY-ST-ZIP **Jacksonville, FL 32232**

TITLE **DV** ☒ Delete
NAME **SMITH, DENNIS JR MD**
STREET ADDRESS **3349 UNIV BLVD S**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **DT** ☐ Delete
NAME **DEWITT, LINDA**
STREET ADDRESS **3060 PORTULACA AVE**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **DT** ☐ Delete
NAME **DEWITT, LINDA**
STREET ADDRESS **3060 PORTULACA AVE**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **DC** ☐ Delete
NAME **BURNS, WILLIAM S JR**
STREET ADDRESS **ONE INDEPENDENT DR., STE. 1900**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **DC** ☐ Delete
NAME **BURNS, WILLIAM S JR**
STREET ADDRESS **ONE INDEPENDENT DR., STE. 1900**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **D** ☐ Delete
NAME **MALLOY, DALE R**
STREET ADDRESS **536 W 10TH ST**
CITY-ST-ZIP **JACKSONVILLE FL 32206**

TITLE **D** ☐ Delete
NAME **MALLOY, DALE R**
STREET ADDRESS **536 W 10TH ST**
CITY-ST-ZIP **JACKSONVILLE FL 32206**

TITLE **D** ☐ Delete
NAME **MALLOY, DALE R**
STREET ADDRESS **536 W 10TH ST**
CITY-ST-ZIP **JACKSONVILLE FL 32206**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dale R Malloy*

Dale R. Malloy

01/09/01

(904) 353-8263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0012568

(10) 750630

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2001 BOARD OF DIRECTORS

JOHN E. ANDERSON

(Vice Chairman) President and CEO
Patriot Transportation, Inc.
1801 Art Museum Drive (32207)
P.O. Box 45243
Jacksonville, Florida 32232

Ph 396-5733 Ext 3215 Fax 396-2715
Email: johna@flarock.com

WILLIAM S. BURNS, JR. (Chairman)

Pajcic & Pajcic, P.A.
One Independent Drive, Suite 1900
Jacksonville, Florida 32202
Ph 358-8881 Fax: 354-1180
Email: bill@pajcic.com

WILLIAM M. COURTNEY, JR.

(Merrill Lynch)
Mailing address:
2687 Holly Point Road, East
Orange Park, Florida 32073
Ph 634-6140 Fax: 634-6038
e-mail: w_m_courtneyjr@ml.com

CDR. DAVID DAHLENBURG, MC, USN

Head of Laboratories
Navy Hospital Jacksonville
2080 Child Street
Jacksonville, Florida 32214-5501
Ph 542-7400 Fax 542-7818 Sec 542-7399
Email: drdahlenburg@sar.med.navy.mil

LINDA ELSTON DEWITT (Treasurer)

Senior Treasury Analyst
HomeSide Lending, Inc.
7301 Baymeadows Way (32256)
Mailing Address: 3060 Portulaca Ave
Jacksonville, FL 32224
Ph 281-2834 Fax 281-3962
Email: ljdewitt@homeside.com

ROY FOUTS

Fouts & Associates
(Mailing address:
2020 Duna Vista Court
Atlantic Beach, FL 32233
Ph 355-3403 Fax 249-5841 C 537-4551
Email: rfouts2@mediaone.net

WILLIS R. KEENE, M.D.

(Immediate Past Chairman)
130 North Gross Road
Kingsland, Georgia 31548
Ph 1-912-729-7332 Fax: 1-912-729-4307
Email: wkeene@camden.net

WALTER M. LAMPE

Lampe, Roy & Associates, Inc..
4440 Merrimac Avenue
Jacksonville, Florida 32210
Ph 388-7020 Fax 388-9298
Email: lamperoy@bellsouth.net

DALE R. MALLOY (Pres. & CEO)

Florida Georgia Blood Alliance
536 W. 10th Street
Jacksonville, Florida 32206
Ph 353-8263 Fax 358-7111
Email: dmalloy@fgba.org

ROBERT E. MARTIN

General Manager
Florida Publishing Company
1 Riverside Avenue
Jacksonville, Florida 32202
Ph 359-4629 Fax 359-4400
Email: remartin@TU.INFL.net

ROBERT E. NORTON

Chief Executive Officer
Shands Jacksonville
655 West 8th Street
Jacksonville, FL 32209
Ph 244-3002 Fax: 244-4027
Email: robert.norton@jax.uf.edu

KEVIN PAIGE, MHA, MT(ASCP)SC

Assistant Administrator
St. Luke's Hospital/Mayo Clinic
Administration, Suite 110
4201 Belfort Road
Jacksonville, FL 32216
Ph 296-3703 Fax: 296-4794
Email: paige.kevin@mayo.edu

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