

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90019 030 \*\*\*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, 2002 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** **D** ☐ Delete  
**NAME** **KEENE, WILLIS R MD**  
**STREET ADDRESS** **130 N GROSS RD**  
**CITY-ST-ZIP** **KINGSLAND GA 31548**

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

**TITLE** **DV** ☒ Delete  
**NAME** **ANDERSON, JOHN E**  
**STREET ADDRESS** **1801 ART MUSEUM DR**  
**CITY-ST-ZIP** **TALLAHASSEE FL 32399-1850**

**TITLE** **DT** ☐ Change ☒ Addition  
**NAME** **Courtney, William M. (Jr.)**  
**STREET ADDRESS** **2687 Holly Point Road East**  
**CITY-ST-ZIP** **Orange Park, FL 32073**

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

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

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

**TITLE** **DC** ☐ Change ☒ Addition  
**NAME** **Threadcraft, Milton H.**  
**STREET ADDRESS** **4831 Greenland Road**  
**CITY-ST-ZIP** **Jacksonville, FL 32258**

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

**TITLE** **D** ☒ Change ☐ Addition  
**NAME** **Burns, William S. Jr.**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

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

**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** **1/28/02 (904) 353-8263**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment  
Doc# L34077

BOOKS 821

**2002-2003 BOARD OF DIRECTORS**

**WILLIAM S. BURNS, JR.**  
(Immediate Past Chairman)  
Pajcic & Pajcic, P.A.  
One Independent Drive, Suite 1900  
Jacksonville, Florida 32202  
Ph 358-8881 Fax: 354-1180  
Email: [bill@pajcic.com](mailto:bill@pajcic.com)

**WILLIAM M. COURTNEY, JR. (Treasurer)**  
Merrill Lynch  
Vice President & Senior Financial Advisor  
Mailing address:  
2687 Holly Point Road, East  
Orange Park, Florida 32073  
Ph 634-6140 Fax: 634-6157  
E-mail: [w\\_m\\_courtneyjr@ml.com](mailto:w_m_courtneyjr@ml.com)

**ROY FOUTS**  
Speech and Hearing Center, Inc.  
CEO and Executive Director  
(Mailing address: 2020 Duna Vista Court  
Atlantic Beach, FL 32233  
Ph 355-3403 Fax 249-5841 C 537-4551  
Email: [rfouts@ilnk.com](mailto:rfouts@ilnk.com)

**WILLIS R. KEENE, M.D.**  
130 North Gross Road  
Kingsland, Georgia 31548  
Ph 1-912-729-7332 Fax: 1-912-729-4307  
Email: [wkeene@tds.net](mailto:wkeene@tds.net)

**MARY BIGGS KNAUER**  
2902 Holly Avenue  
Jacksonville, FL 32210  
Home: 389-0588 Cell: 610-8738  
Email: [bknauer@bellsouth.net](mailto:bknauer@bellsouth.net)

**WALTER M. LAMPE**  
Lampe, Roy & Associates, Inc.  
4440 Merrimac Avenue  
Jacksonville, Florida 32210  
Ph 388-7020 Fax 388-9298  
Email: [lamperoy@bellsouth.net](mailto: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](mailto:dmalloy@fgba.org)

**MICHAEL I. MAGUIRE**  
SVP-Private Client Advisor  
SunTrust Bank - North Florida  
200 West Forsyth Street, 1<sup>st</sup> Floor  
Jacksonville, FL 32202-4349  
Ph 632-2738 Fax: 632-2853 Cell 614-1801  
Email: [michael.maguire@suntrust.com](mailto:michael.maguire@suntrust.com)

**KEVIN PAIGE, MHA, MT(ASCP)SC**  
(Secretary)  
Operations Administrator  
St. Luke's Hospital/Mayo Clinic  
Administration  
4201 Belfort Road  
Jacksonville, FL 32216  
Ph 296-3703 Fax: 296-4794  
Email: [paige.kevin@mayo.edu](mailto:paige.kevin@mayo.edu)

**STEVEN D. SIEGEL, M.D.**  
1801 Barrs Street, Suite 800  
Jacksonville, FL 32204  
Ph 388-2619 Fax: 388-0240

**DENNIS M. SMITH, JR., M.D.**  
(Vice-Chairman)  
Exec. Vice President, Genomic Strategies  
AmeriPath, Chief Medical Officer  
3349 University Boulevard South  
Jacksonville, Florida 32216  
Ph 391-1330 Fax 399-6630  
Email: [dsmithjr@fdn.com](mailto:dsmithjr@fdn.com)

**MILTON H. THREADCRAFT, Ph.D.**  
(Chairman)  
Principal  
Mandarin High School  
4831 Greenland Road  
Jacksonville, FL 322  
Ph 260-3911 Ext 120 Fax 260-5439  
Email [threadcram@educationcentral.org](mailto:threadcram@educationcentral.org)

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