

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02180

1. Entity Name

ASSOCIATION OF INDEPENDENT BLOOD CENTERS, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90218 026 ****61.25

Principal Place of Business 933 45TH STREET WEST PALM BEACH FL 33407 US	Mailing Address 933 45TH STREET WEST PALM BEACH FL 33407-2413 US
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DO NOT WRITE IN THIS SPACE

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 59-2445150	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**FLYNN, JOHN H
933 45TH ST
WEST PALM BEACH FL 33407**

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

TITLE	CD	<input type="checkbox"/> Delete
NAME	JOHANSEN, DOUGLAS G.	
STREET ADDRESS	18270 SE FAIRVIEW CIR	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHALMERS, DUNCAN	
STREET ADDRESS	1300-36TH STREET	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FLYNN, JOHN H	
STREET ADDRESS	933 45TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	CORDERO, HUMBERTO	
STREET ADDRESS	1401 S OCEAN BLVD, #410	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VC	<input type="checkbox"/> Delete
NAME	BARR, ALICE	
STREET ADDRESS	3200 LAKELAND HILLS BLVD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOHNSTON, PAT	
STREET ADDRESS	1300 36TH ST	
CITY-ST-ZIP	VERO BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **1/19/00** **Date** _____ **Daytime Phone #** _____

CR2E037 (9/99)