

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90727 001 ***616.25

DOCUMENT # N19169

1. Entity Name **CHILDREN'S WORLD BLOOD BANK, INC.**
SOUTH FLORIDA ORGAN AND TISSUE BANK, INC.

Principal Place of Business

% JOHN H. FLYNN
 933 45TH STREET
 WEST PALM BEACH FL 33407-2413

Mailing Address

% JOHN H. FLYNN
 933 45TH STREET
 WEST PALM BEACH FL 33407-2413

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0877825

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FLYNN, JOHN H.
 933 45TH STREET
 WEST PALM BEACH FL 33407

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 CD
 NAME ARVIDSON, PHILIP L
 STREET ADDRESS 933 45TH STREET
 CITY-ST-ZIP WEST PALM BEACH FL 33407 ☐ Delete

TITLE 5/T/D
 NAME TED MOFFETT
 STREET ADDRESS 933 45TH STREET
 CITY-ST-ZIP WEST PALM BEACH, FL 33407 ☐ Change ☒ Addition

TITLE STD
 NAME BERGES, BENJAMIN M.D.
 STREET ADDRESS 933 45TH STREET
 CITY-ST-ZIP WEST PALM BEACH FL 33407 ☒ Delete

TITLE D
 NAME TIM REEVER
 STREET ADDRESS 933 45TH STREET
 CITY-ST-ZIP WEST PALM BEACH, FL 33407 ☐ Change ☒ Addition

TITLE PD
 NAME FLYNN, JOHN J
 STREET ADDRESS 933 45TH STREET
 CITY-ST-ZIP WEST PALM BEACH FL 33407 ☐ Delete

TITLE D
 NAME MICHELE L. EASSA
 STREET ADDRESS 933 45TH STREET
 CITY-ST-ZIP WEST PALM BEACH, FL 33407 ☐ Change ☒ Addition

TITLE VCD
 NAME SOUTH, LAURA
 STREET ADDRESS 933 45TH STREET
 CITY-ST-ZIP WEST PALM BEACH FL 33407 ☐ Delete

TITLE D
 NAME CURTIS LYMAN
 STREET ADDRESS 933 45TH STREET
 CITY-ST-ZIP WEST PALM BEACH, FL 33407 ☐ Change ☒ Addition

TITLE STD
 NAME BERGES, BENJAMIN MD
 STREET ADDRESS 933 45TH STREET
 CITY-ST-ZIP WEST PALM BEACH FL 33407 ☒ Delete

TITLE D
 NAME PAUL VANDERGRIET
 STREET ADDRESS 933 45TH STREET
 CITY-ST-ZIP WEST PALM BEACH, FL 33407 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE D
 NAME MARK KRILL
 STREET ADDRESS 933 45TH STREET
 CITY-ST-ZIP WEST PALM BEACH, FL 33407 ☐ Change ☒ Addition

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

4/23/2002 561-845-2223

CR2E037 (9/01)