

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90504 039 ****61.25

DOCUMENT # N27016

1. Entity Name

**INDEPENDENT BLOOD AND TISSUE SERVICES OF FLORIDA
, INC.**



Principal Place of Business

**32 W GORE ST
PO BOX 568613
ORLANDO FL 32806**

Mailing Address

**32 W GORE ST
PO BOX 568613
ORLANDO FL 32806**

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 **59-2898768**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CARR, EDWARD O.
32 W GORE ST
ORLANDO FL 32806**

7. Name and Address of New Registered Agent

Name **CHINODA, ANNE K.**

Street Address (P.O. Box Number is Not Acceptable)

32 W. GORE ST.

City **ORLANDO**

FL

Zip Code **32806**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Anne K Chinoda

4/24/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Delete
NAME	YATES, LEIGHTON D	
STREET ADDRESS	200 S. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	PCED	<input checked="" type="checkbox"/> Delete
NAME	CARR, EDWARD O	
STREET ADDRESS	32 W GORE ST	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BOONE, DAVID	
STREET ADDRESS	200 S ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	KURTZ, C DEAN	
STREET ADDRESS	BOX 165000, MSFLAPKA0234	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32716-5000	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	CHINODA, ANNE K	
STREET ADDRESS	32 W GORE ST	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	M@LD	<input checked="" type="checkbox"/> Delete
NAME	JASMUND, DAVID J	
STREET ADDRESS	P.O. BOX 2231	
CITY-ST-ZIP	WINTER PARK FL 32790-2231	

TITLE	MALD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARNOLD SHARON E.	
STREET ADDRESS	1000 AAX DRIVE	
CITY-ST-ZIP	HEATHROW, FL 32746-5063	
TITLE	MALD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHMOND, C. BRADFORD	
STREET ADDRESS	5900 LAKE ELLENOR DR.	
CITY-ST-ZIP	ORLANDO, FL 32839	
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 REQUIRED

4/24/03

(407)9998445

CR2E037 (10/02)