

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50067

1. Entity Name

FLORIDA BLOOD SERVICES, INC.

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90018 033 ****61.25

Principal Place of Business

3602 SPECTRUM BLVD.
TAMPA FL 33612
US

Mailing Address

P.O. BOX 2125
TAMPA FL 33601-2125
US

2. Principal Place of Business

10100 9TH ST. N.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 22500

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

4. FEI Number

59-3145469

Applied For

Not Applicable

Zip

33716

Country

USA

Zip

33742

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARQUARDT, EMIL C., JR.
400 CLEVELAND STREET
SUITE 800
CLEARWATER FL 34615

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

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
After September 13, 2000 min. will be \$236.25

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 IPCD ☐ Delete
NAME HALE, WILLIAM E
STREET ADDRESS 207 JEFFORDS STREET
CITY-ST-ZIP CLEARWATER FL

TITLE TD ☐ Delete
NAME CHRISTOPHER, STILES S
STREET ADDRESS 319 RAFAEL BLVD. NE
CITY-ST-ZIP ST. PETE FL 33704

TITLE SD ☐ Delete
NAME ROSENBLUM, BARBARA
STREET ADDRESS SEVEN AMBLESIDE DR.
CITY-ST-ZIP BELLEAIR FL 34616

TITLE PD ☐ Delete
NAME LEPARC, GERMAN F MD
STREET ADDRESS PO BOX 2125
CITY-ST-ZIP TAMPA FL 33601

TITLE VCD ☐ Delete
NAME KEHM, MARTHA L
STREET ADDRESS PO BOX 870
CITY-ST-ZIP ST. PETE FL 33731

TITLE CD ☐ Delete
NAME VALDES, PLANO B
STREET ADDRESS 702 N FRANKLIN STREET
CITY-ST-ZIP TAMPA FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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

GERMAN F. LEPARC, MD. 7/11/00

Date

(727) 568-5433

Daytime Phone #

CR2E037 (5/00)