

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50067

1. Entity Name

FLORIDA BLOOD SERVICES, INC.

Principal Place of Business

10100 9TH ST N
SAINT PETERSBURG FL 33716
US

Mailing Address

P.O. BOX 22500
ST PETERSBURG FL 33742
US

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

59-3145469

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

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

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	IPCD	<input type="checkbox"/> Delete
NAME	HALE, WILLIAM E	
STREET ADDRESS	207 JEFFORDS STREET	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHRISTOPHER, STILES S	
STREET ADDRESS	319 RAFAEL BLVD, NE	
CITY-ST-ZIP	ST. PETE FL 33704	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROSENBLUM, BARBARA	
STREET ADDRESS	SEVEN AMBLESIDE DR.	
CITY-ST-ZIP	BELLEAIR FL 34616	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEPARC, GERMAN F MD	
STREET ADDRESS	PO BOX 2125	
CITY-ST-ZIP	TAMPA FL 33601	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	KEHM, MARTHA L	
STREET ADDRESS	PO BOX 870	
CITY-ST-ZIP	ST. PETE FL 33731	
TITLE	CD	<input type="checkbox"/> Delete
NAME	VALDES, PLANO B	
STREET ADDRESS	702 N FRANKLIN STREET	
CITY-ST-ZIP	TAMPA FL	

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
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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 LEMC, MD

1/5/01

727-568-1161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0062786

CR2E037 (10/00)