

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000267

1. Entity Name

SOUTH FLORIDA BLOOD BANKS FOUNDATION, INCORPORAT

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90038 041 \*\*\*\*70.00

Principal Place of Business

Mailing Address

933 45TH ST  
 WEST PALM BEACH FL 33407

933 45TH ST  
 WEST PALM BEACH FL 33407-2413

2. Principal Place of Business

3. Mailing Address

14255 US Highway One

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 236

City & State

JUNO BEACH FL

Zip

Country

33408

Country

USA

4. FEI Number

59-0877825

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

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

Name

DOUGLAS G. JOHANSEN

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

14255 US Highway One

SUITE 236

City

JUNO Bch,

FL

Zip Code

33408

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 P ☐ Delete  
 NAME JOHANSEN, DOUGLAS G  
 STREET ADDRESS 933 45TH ST  
 CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE ☒ Change ☐ Addition  
 NAME 14255 US Highway One, SUITE 236  
 STREET ADDRESS JUNO BEACH, FL 33408  
 CITY-ST-ZIP

TITLE D ☒ Delete  
 NAME CORDERO, HUMBERTO  
 STREET ADDRESS 933 45TH ST  
 CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☒ Change ☐ Addition  
 NAME ~~4255~~  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D ☐ Delete  
 NAME ARVIDSON, PHIL  
 STREET ADDRESS 933 45TH ST  
 CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE ☐ Change ☐ Addition  
 NAME 14255 US Highway One, SUITE 236  
 STREET ADDRESS JUNO BEACH, FL 33408  
 CITY-ST-ZIP

TITLE C ☐ Delete  
 NAME NIEHAUS, ROBERT  
 STREET ADDRESS 933 45TH ST  
 CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE ☒ Change ☒ Addition  
 NAME CD  
 STREET ADDRESS 14255 US Highway One, SUITE 236  
 CITY-ST-ZIP JUNO BEACH, FL 33408

TITLE SD ☐ Delete  
 NAME BERGES, BENJAMEN  
 STREET ADDRESS 933 45TH STREET  
 CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE ☒ Change ☒ Addition  
 NAME STD  
 STREET ADDRESS 14255 US Highway One, SUITE 236  
 CITY-ST-ZIP JUNO BEACH, FL 33408

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME D. Kump, M.D., Joseph  
 STREET ADDRESS 14255 US Highway One, SUITE 236  
 CITY-ST-ZIP JUNO BEACH, FL 33408

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)