

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004607

1. Entity Name

THE WEST COAST DIVISION FOR HEMOPHILIA AND BLEED

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90066 022 ****70.00

Principal Place of Business Mailing Address
1781-C LITTLEWOOD DR 1781-C LITTLEWOOD DR
SPRING HILL FL 34610 SPRING HILL FL 34610

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 NOT APPLICABLE 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

SCHWARTZKOPF, MARK
8035 HOLLYRIDGE DR
LAKELAND FL 33849

Name David Philip Sen
Street Address (P.O. Box Number is Not Acceptable) 17810 Littlewood Dr
Spring Hill
City Spring Hill FL Zip Code 34610

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]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/00

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 PD ☒ Delete
NAME CORDERO, TAMMY
STREET ADDRESS PO BOX 13398
CITY-ST-ZIP TAMPA FL 33681

TITLE President ☐ Change ☒ Addition
NAME David Philip Sen
STREET ADDRESS 17810 Littlewood Dr.
CITY-ST-ZIP Spring Hill, FL 34610

TITLE VPD ☒ Delete
NAME PHILIPSEN, DAVID
STREET ADDRESS 1781-C LITTLEWOOD DR
CITY-ST-ZIP SPRING HILL FL 34610

TITLE VPD ☐ Change ☒ Addition
NAME Trena Schwartzkopf
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME SCHWARTZKOPT, MARA
STREET ADDRESS PO BOX 107
CITY-ST-ZIP KATHLEEN FL 33849

TITLE TD ☒ Change ☐ Addition
NAME mark schwartzkopf
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME MASSOLINO, MARYANN
STREET ADDRESS 1009 ELM GROVE LANE
CITY-ST-ZIP VALRICO FL 33594

TITLE SD ☐ Change ☒ Addition
NAME DIANNA Quillen
STREET ADDRESS 1870 S Coats St.
CITY-ST-ZIP Spring Hill, FL 34610

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #