2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
03-28-2001 90214 014 ****70.00

DOCUMENT # N95000004607

1. Entity Name

THE WEST COAST DIVISION FOR HEMOPHILIA AND BLEED

Principal Place of Business	Mailing Address
17810 LITTLEWOOD DR SPRING HILL FL 34610	17810 LITTLEWOOD DR SPRING HILL FL 34610

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
17810 LITTLEWOOD DR.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SPRINGHILL, FL. 34610	City & State
Zip	Country: U.S.A.
Zip	Country: U.S.A.

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
PHILIPSEN, DAVID 17810 LILLEWOOD DR SPRING HILL FL 34610	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PHILIPSEN, DAVID 17810 LITTLEWOOD DR SPRING HILL FL 34610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SCHWARTZKOPFT, TRENA 1781-C LITTLEWOOD DR SPRING HILL FL 34610	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KRANKUS, PAT 5115 ARBOR POINTE CIRCLE #505 TAMPA, FL. 33617	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SCHWARTZKOPT, MARK PO BOX 107 KATHLEEN FL 33849	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ZEROE DOLORES 11020 U.S. HWY 301 THONOTOSASSA, FL. 33592	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD QUILLEN, DIANNA 18705 COASTS ST SPRING HILL FL 34610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 3-23-01 813-986-3849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #