

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004607

1. Entity Name

THE WEST COAST DIVISION FOR HEMOPHILIA AND BLEED
ING DISORDERS OF THE FLORIDA CHAPTER OF THE NATI

Principal Place of Business

17810-C LITTLEWOOD DR
SPRING HILL FL 34610

Mailing Address

17810-C LITTLEWOOD DR
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

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 PHILIPSEN, DAVID ☐ Delete
STREET ADDRESS 17810 LITTLEWOOD DR
CITY-ST-ZIP SPRING HILL FL 34610

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

TITLE
NAME VPD ☐ Delete
STREET ADDRESS KRANKUS, PAT
CITY-ST-ZIP 5115 ARBOR POINT CIRCLE #505
TAMPA FL 33617

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

TITLE
NAME TD ☐ Delete
STREET ADDRESS ZERBE, DOLORES
CITY-ST-ZIP 11020 US HWY 301
THONOTOSASSA FL 33592

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS ZERBE, DOLORES
CITY-ST-ZIP

TITLE
NAME SD ☐ Delete
STREET ADDRESS QUILLEN, DIANNA
CITY-ST-ZIP 18705 COASTS ST
SPRING HILL FL 34610

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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 Zerbe

2/1/02

813-986-3849

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)