

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90123 032 ****61.25

DOCUMENT # 738382

1. Entity Name

FLORIDA CRYONICS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

995 SW 24 STREET
 FT LAUDERDALE FL 33315

995 SW 24 STREET
 FT LAUDERDALE FL 33315-2431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1746396

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FALON, WILLIAM
995 SW 24 STREET
FT LAUDERDALE FL 33315

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 Delete
 NAME **D FALON, WILLIAM**
 STREET ADDRESS **995 SW 24 STREET**
 CITY-ST-ZIP **FT LAUDERDALE FL 33315**

TITLE Change Addition
 NAME **ASST TREASURER PAUL GILNER**
 STREET ADDRESS **995 SW 24TH STREET**
 CITY-ST-ZIP **FT LAUDERDALE, FL 33315**

TITLE Delete
 NAME **D KENT, SAUL**
 STREET ADDRESS **995 SW 24 STREET**
 CITY-ST-ZIP **FT LAUDERDALE FL 33315**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **ST STROM, GREG**
 STREET ADDRESS **995 SW 24 STREET**
 CITY-ST-ZIP **FT LAUDERDALE FL 33315**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D'PRES EYTCHISON, TINA**
 STREET ADDRESS **995 SW 24 STREET**
 CITY-ST-ZIP **FT LAUDERDALE FL 33315**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D KLEINSEK, DONALD**
 STREET ADDRESS **995 SW 24 STREET**
 CITY-ST-ZIP **FT LAUDERDALE FL 33315**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D BROWN, KEVIN**
 STREET ADDRESS **995 SW 24 STREET**
 CITY-ST-ZIP **FT LAUDERDALE FL 33315**

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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

954-766-0433

Date

Daytime Phone #

CR2E037 (9/99)