

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005553

1. Entity Name

CRYOBANKS INTERNATIONAL, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91302 046 ***150.00

Principal Place of Business

270 SOUTH NORTH LAKE BLVD., STE 1012
ALTAMONTE SPRINGS FL 32701

Mailing Address

270 SOUTH NORTH LAKE BLVD., STE 1012
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **13-3935130**

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

NATIONAL CORPORATE RESEARCH LTD INC
1406 HAYS STREET, STE #2
TALLAHASSEE FL 32301

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BRUNOEHLER, DWIGHT**
STREET ADDRESS **270 SOUTH NORTH LAKE BLVD STE 1012**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE **D** ☒ Change ☐ Addition
NAME **Traynor, Ray**
STREET ADDRESS **2588 Cascade Lane**
CITY-ST-ZIP **Iowa City, Iowa 52246**

TITLE **STD** ☐ Delete
NAME **GRAVELY, ROBERT**
STREET ADDRESS **28 HEATHER GREEN COURT NO 101A**
CITY-ST-ZIP **OCOE FL**

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

TITLE **D** ☐ Delete
NAME **TRAYNOR, RAY**
STREET ADDRESS **1210 OXBOW LANE**
CITY-ST-ZIP **WINTER SPRINGS FL**

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

TITLE **D** ☐ Delete
NAME **AMBINDER, ROY**
STREET ADDRESS **240 TRISMAN TERRACE**
CITY-ST-ZIP **WINTER PARK FL**

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

TITLE **D** ☐ Delete
NAME **DIEBEL, DONALD**
STREET ADDRESS **1150 VIA LUGANO**
CITY-ST-ZIP **WINTER PARK FL**

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

13. 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 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dwight C. Brunoehler

4/30/01

Date

407-834-8333

Daytime Phone #

CR2E034 (10/00)