

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 29, 2000 8:00 am
Secretary of State

05-24-2000 90189 032 ****61.25

DOCUMENT # N97000002014
 1. Entity Name
THE FLORIDA ANTIVENIN BANK, INC.

Principal Place of Business Mailing Address
738 NW 134 PLACE **738 NW 134 PLACE**
MIAMI FL 33182 **MIAMI FL 33182-2258**

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: **APPLIED FOR** Applied For / Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CRUZ, ARGELIO
738 NW 134 PLACE
MIAMI FL 33182

7. Name and Address of New Registered Agent
 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 _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SARGENT, DENNIS M 2755 LIONHEART ROAD WINTER PARK FL 32792-4313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HILL, WAYNE 2755 LIONHEART ROAD WINTER PARK FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CRUZ, ARGELIO 3755 LIONHEART ROAD MIAMI FL 33182	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ARGELIO CRUZ 738 NW 134 PL MIA FL 33182	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DENNIS, SARGENT 738 NW 134 PL MIA, FL 33182	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CHARLIE PERDDMO 738 NW 134 PL MIA FL 33182	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Date _____ Daytime Phone # _____

CR2037 (9/99)

N 97000002014

105765

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N97000002014 (5)

THE FLORIDA ANTIVENIN BANK, INC.

Principal Place of Business: 2755 LIONHEART ROAD WINTER PARK FL 32792

Mailing Address: 2755 LIONHEART ROAD WINTER PARK FL 32792



Date incorporated or Qualified: 09/25/1995

FEI Number: 31-1495384

Applied For: Not Applicable

21 Principal Place of Business

26 Mailing Address

Certificate of Status Desired: \$8.75 Additional Fee Required

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

23 City & State

28 City & State

Is this nonprofit corporation a homeowners association? Yes No

24 Zip

25 Country

29 Zip

30 Country

This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

Name and Address of Current Registered Agent

Name and Address of New Registered Agent

SARGENT, DENNIS M 2755 LIONHEART ROAD WINTER PARK FL 32792-4313

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS

DP SARGENT, DENNIS M 2755 LIONHEART ROAD WINTER PARK FL 32792-4313

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP

DV HILL, WAYNE 2755 LIONHEART ROAD WINTER PARK FL 32792

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP

STD MCDANIEL, STEVE 3755 LIONHEART ROAD WINTER PARK FL 32792-4313

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP

DELETED

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

DELETED

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

DELETED

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 26, 1998 (407) 579-3297

CR02037 (10/97)