

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90213 005 \*\*\*150.00

0057192

**DOCUMENT # P99000101149**

1. Entity Name

~~LIVING LEGACY INSTITUTE, INC.~~  
 THE CERUS COMPANY

Principal Place of Business

1155 LOUISIANA AVE. SUITE 100  
 WINTER PARK FL 32789

Mailing Address

1155 LOUISIANA AVE. SUITE 100  
 WINTER PARK FL 32789

2. Principal Place of Business

1353 Palmetto Ave., Suite 200

3. Mailing Address

1353 Palmetto Ave., Suite 200

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

Suite 200

City & State

Winter Park, FL

City & State

Winter Park, FL

4. FEI Number

59-3623573

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

WHEELER, KENNETH B  
 1155 LOUISIANA AVE, SUITE 100  
 WINTER PARK FL 32789

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

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

TITLE **C**  Delete  
 NAME **WHEELER, KENNETH B**  
 STREET ADDRESS **1155 LOUISIANA AVE, SUITE 100**  
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **P**  Delete  
 NAME **FARNSWORTH, SCOTT M**  
 STREET ADDRESS **8238 WESTMINSTER ABBEY BLVD**  
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **D**  Delete  
 NAME **STONE, RICHARD**  
 STREET ADDRESS **1177 LOUISIANA AVE #107**  
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **D**  Delete  
 NAME **GOLABUK, PHILIP**  
 STREET ADDRESS **P O BOX 846**  
 CITY-ST-ZIP **WINTER PARK FL 32790**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **D**  
 STREET ADDRESS **SONNE, BLAKE**  
 CITY-ST-ZIP **8903 SAVANNAH PARK**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **ORLANDO, FL 32819**

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

Kenneth B. Wheeler

Date

4/17/01

Daytime Phone #

407-645-1729

CR2E034 (10/00)