## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURÉ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wheeler

K<del>enneth B.</del>

## Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P99000101149 Entity Name -LIVING LEGACY INSTITUTE, INC. 04-23-2001 90213 005 \*\*\*150.00 THE CERUS COMPANY Principal Place of Business Mailing Address 1155 LOUISIANA AVE. SUITE 100 1155 LOUISIANA AVE. SUITE 100 WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address 1353 Palmetto Ave. 1353 Palmetto Ave. Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE <u>Sũite 200</u> <u>Suite 200</u> City & State Applied For City & State 4. FEI Number 59-3623573 Winter Park, FL Winter Park, FL Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32789 Orange 32789 Orange Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHEELER, KENNETH B Street Address (P.O. Box Number is Not Acceptable) 1155 LOUISIANA AVE. SUITE 100 WINTER PARK FL 32789 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See critéria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) Addition ☐ Delete TITLE Change TITLE Ŵ. WHEELER, KENNETH B NAME NAME 1155 LOUISIANA AVE, SUITE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP TITI F ☐ Delete TITLE Change ☐ Addition FARNSWORTH, SCOTT M NAME 8238 WESTMINSTER ABBEY BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32835 ☐ Change ☐ Addition TITLE ☐ Delete STONE, RICHARD NAME NAME 1177 LOUISIANA AVE #107 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE **GOLABUK, PHILIP** NAME NAME STREET ADDRESS P O BOX 846 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32790 TITLE Delete TITLE ☐ Change Addition NAME NAME nelwa. SONNE, BLAKE STREET ADDRESS STREET ADDRESS CLENL 8903 SAVANNAH PARK CITY-ST-7IP CITY-ST-ZIP ORLANDO, FL 32819 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ag if made under oath; that I am an officer or director of the corporation of the receiver or trustee appears in Block 11 or Block 12 if