

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713597

1. Entity Name

CYPRESS LAKE EAST #4 INC. ✓

Principal Place of Business

Mailing Address

711 S.E. 7th AVE.
POM PANO BEACH FL. 33060

SAME

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

DONALD C. INGRAM

Name

711 S.E. 7th AVE.
POM PANO BEACH FL 33060

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 *Donald C. Ingram* DONALD C. INGRAM

Signature, typed or printed name of registered agent and title, 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 PD ☒ Delete
NAME VERNON MILLS
STREET ADDRESS 711 S.E. 7th AVE. APT. #1
CITY-ST-ZIP POM PANO BEACH FL. 33060

TITLE PD ☐ Change ☒ Addition
NAME DONALD C. INGRAM
STREET ADDRESS 711 S.E. 7th AVE. APT. #10
CITY-ST-ZIP POM PANO BEACH FL. 33060

TITLE VD ☒ Delete
NAME ANTHONY LESNIEWSKI
STREET ADDRESS 711 S.E. 7th AVE. APT. #7
CITY-ST-ZIP POM PANO BEACH FL. 33060

TITLE VD ☐ Change ☒ Addition
NAME RUDY RODER
STREET ADDRESS 711 S.E. 7th AVE. APT. #4
CITY-ST-ZIP POM PANO BEACH FL. 33060

TITLE TD ☒ Delete
NAME JEANNE MILLS
STREET ADDRESS 711 S.E. 7th AVE. APT. #2
CITY-ST-ZIP POM PANO BEACH FL. 33060

TITLE TD ☒ Change ☐ Addition
NAME ANTHONY LESNIEWSKI
STREET ADDRESS 711 S.E. 7th AVE. APT. #7
CITY-ST-ZIP POM PANO BEACH FL. 33060

TITLE SD ☐ Delete
NAME NANCY GREIG
STREET ADDRESS 711 S.E. 7th AVE. APT. #6
CITY-ST-ZIP POM PANO BEACH FL. 33060

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

TITLE D ☐ Delete
NAME PATRICIA FINN
STREET ADDRESS 711 S.E. 7th AVE. APT. #5
CITY-ST-ZIP POM PANO BEACH FL. 33060

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

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: *Donald C. Ingram* DONALD C. INGRAM 2/26/01 954-783-1949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)