2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

FILED DOCUMENT # 723866 Apr 05, 2000 8:00 am Secretary of State 1. Entity Name CYPRESS LAKE NO. 3, INC. 04-05-2000 90113 033 ****61.25 Principal Place of Business Mailing Address 701 \$ E 15TH ST 701 S E 15TH ST POMPANO BEACH FL 33060-9436 POMPANO BEACH FL 33060 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FE! Number 59-2087980 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MCLEAN, CAROLYN H. 701 SE 15TH ST POMPANO BEACH FL 33060 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** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE Delete TITLE NAME MCLEAN, CAROLYN NAME STREET ADDRESS STREET ADDRESS 701 S.E. 15TH STREET CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL TITLE □ Change Addition Delete TITLE NIGHTENGALE, SUSAN NAME NAME STREET ADDRESS STREET ADDRESS 701 SE 15TH STREET CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL ☐ Change ☐ Addition TITLE TITLE De'ete SHERWOOD, BOB NAME NAME STREET ADDRESS STREET ADDRESS 701 SE 15TH ST CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME HALLEY, JOHN NAME STREET ADDRESS STREET ADDRESS 701 SE 15TH ST CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NIGHTENGALE. BUZZ NAME NAME STREET ADDRESS STREET ADDRESS 701 SE 15TH STREET CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(1), 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