

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723866

1. Entity Name

CYPRESS LAKE NO. 3, INC.

Principal Place of Business

701 S E 15TH ST
POMPANO BEACH FL 33060

Mailing Address

701 S E 15TH ST
POMPANO BEACH FL 33060

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MCLEAN, CAROLYN H.
701 SE 15TH ST
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name EDWARDS, RUSSELL

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

701 SE 15TH ST #4

City Pompano Beach

FL

Zip Code 33060

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)

7/11/01

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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	STD MCLEAN, CAROLYN 701 S.E. 15TH STREET POMPANO BEACH FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NIGHTENGALE, SUSAN 701 SE 15TH STREET POMPANO BEACH FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERWOOD, BOB 701 SE 15TH ST POMPANO BEACH FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALLEY, JOHN 701 SE 15TH ST POMPANO BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIGHTENGALE, BUZZ 701 SE 15TH STREET POMPANO BEACH FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EDWARDS, RUSSELL 701 SE 15th St POMPANO BEACH FL	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HALLEY, CINDY 701 SE 15th St POMPANO BEACH FL	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 empowerment.

SIGNATURE:

[Signature]

FILED
Jul 20, 2001 8:00 am
Secretary of State

07-20-2001 90001 035 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)

7/11/01 954-784-4859