2001 UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2001 8:00 am Secretary of State **DOCUMENT # 723870** 04-11-2001 90012 047 ****61.25 CYPRESS LAKE NO. 8, INC. Principal Place of Business Mailing Address 751 S.E. 15TH STREET 751 S.E. 15TH STREET POMPANO BEACH FL 33060-9441 POMPANO BEACH FL 33060-9441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1026455 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ব্য. HELM, CHERLY 751 E MCNAB RD #4 POMPANO BEACH FL 33060 paro Bch 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 (NOTE: Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. CR2E037 (10/00) **Addition** TITLE TITLE Delete Debera J. Hallmark 751 SE 151 St 14 HELM, CHERYL NAME NAME STREET ADDRESS STREET ADDRESS 751 SE 15TH ST CITY-ST-ZIP CITY-ST-ZIP PomoaNo BCK FI POMPANO BEACH FL D. Linda Lewis TITLE Delete TITI F 751 SE 15th ST CARR.KATHLEEN NAME STREET ADDRESS STREET ADDRESS 751 SE 15TH ST CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL TITLE ☐ Delete TITLE PATE, W. G. NAME NAME STREET ADDRESS STREET ADDRESS 751 SE 15TH ST CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL TITLE **S**Delete TITLE WHITNEY, ROBERT M. NAME NAME STREET ADDRESS STREET ADDRESS 751 SE 15TH ST CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FI TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

of the corporation of 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 a other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR.

Date Date of PRINTED NAME OF SIGNING OFFICER OF DIRECTOR.

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