

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48636

1. Entity Name

THE CYPRESS POINTE RESORT AT LAKE BUENA VISTA CO

FILED

Mar 03, 2000 8:00 am  
Secretary of State

03-03-2000 90232 015 \*\*\*\*61.25

Principal Place of Business PO BOX 22069 LAKE BUENA VISTA FL 32830-2069	Mailing Address 6880 LAKE ELLENOR DR SUITE #103 ORLANDO FL 32809-4602 US
---	--

C0029886



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number 59-3141099	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent  DIROCCO, ANNA M 1781 PARK CENTER DR ORLANDO FL 32835	
---	--

7. Name and Address of New Registered Agent Name 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

(Signature, typed or printed name of registered agent and title if 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNNING, RUSSELL W 1781 PARK CENTER DR ORLANDO FL 32835 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, ANN 1781 PARK CENTER DR ORLANDO FL 32835 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THIMES, CHRIS 2413 LINWOOD AVENUE NIAGRA FALLS NY 14305 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVP CHASE, JOHN 12 MARILYN DR ROCHESTER NY 14-2626 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVPD BISBEE, MARK F 1568 CARTERCOVE RD HAYESVILLE NC 28904 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILKS, DON 4403 HICKORY BRANCH COURT BRANDON FL 33511 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Richard Van Cleave 3718 Hollow Creek Rd. Arlington, TX 76001 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jeanne Qualls 8651 Treasure Cay Lane Orlando, FL 32836 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Chris Thimes 417 11th Street South St. James, MN 56081 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVPD Ralph Owen 3317 Hwy 63 Bloomfield, IA 52537 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE:

*Christopher Thimes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/00  
Date

(507) 375-7705  
Daytime Phone #

CR2E037 (9/99)