

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90023 003 ****61.25

DOCUMENT # N48636

1. Entity Name

THE CYPRESS POINTE RESORT AT LAKE BUENA VISTA CO

Principal Place of Business

Mailing Address

PO BOX 22069
 LAKE BUENA VISTA FL 32830-2069

6880 LAKE ELLENOR DR
 SUITE #103
 ORLANDO FL 32809
 US

550398



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

12179 S. Apopka Vineland Rd.

Suite, Apt. #, etc.

#607

City & State

City & State

Orlando, FL

4. FEI Number

59-3141099

Applied For

Not Applicable

Zip

Country

Zip

Country

32836

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIROCCO, ANNA M
1781 PARK CENTER DR
ORLANDO FL 32835

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CLEAVE, RICHARD VAN	
STREET ADDRESS	3718 HOLLOW CREEK RD.	
CITY-ST-ZIP	ARLINGTON TX 76001	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COHEN, ANN	
STREET ADDRESS	1781 PARK CENTER DR	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	P	<input type="checkbox"/> Delete
NAME	THIMES, CHRIS	
STREET ADDRESS	417 11TH STREET SOUTH	
CITY-ST-ZIP	SAINT JAMES MN 56081	
TITLE	CVP	<input type="checkbox"/> Delete
NAME	CHASE, JOHN	
STREET ADDRESS	12 MARILYN DR	
CITY-ST-ZIP	ROCHESTER NY 14-2626	
TITLE	CVPD	<input type="checkbox"/> Delete
NAME	OWEN, RALPH	
STREET ADDRESS	3317 HWY 63	
CITY-ST-ZIP	BLOOMFIELD IA 52537	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WILKS, DON	
STREET ADDRESS	4403 HICKORY BRANCH COURT	
CITY-ST-ZIP	BRANDON FL 33511	

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stuart Schwartz	
STREET ADDRESS	2 Wenonah Avenue	
CITY-ST-ZIP	Rockaway, NJ 07866	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeanne Balthazor	
STREET ADDRESS	1781 Park Center Dr.	
CITY-ST-ZIP	Orlando, FL 32835	
TITLE	CVPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chris Thimes	
STREET ADDRESS	58 Jackson Street	
CITY-ST-ZIP	Ivons, NY 14489	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Johnson	
STREET ADDRESS	12179 S. Apopka Vineland Rd. #607	
CITY-ST-ZIP	Orlando, FL 32836	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Aliperti	
STREET ADDRESS	13 North Lane	
CITY-ST-ZIP	Loudonville, NY 12211	

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:

Signature Required **REQUIRED** **John G. Chase**

4/27/01

716-225-0250

CR2E037 (10/00)