

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90050 030 \*\*\*\*61.25

**DOCUMENT # N96000001210**

1. Entity Name

**CYPRESS POINTE CHURCH, INC.**

Principal Place of Business

Mailing Address

2440 W SR 426  
 OVIEDO FL 32765  
 US

2440 W SR 426  
 OVIEDO FL 32765  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3383490**

Applied For

Not Applicable

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

**LACICH, DANIEL M**  
**1010 MAGEE CREEK CT NORTH**  
**OVIEDO FL 32765**

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: **D**  Delete  
 NAME: **MARION, SCOTT**  
 STREET ADDRESS: **854 PALMETTO TERR**  
 CITY-ST-ZIP: **OVIEDO FL 32765**

TITLE: **D**  Change  Addition  
 NAME: **Kinney, Clark**  
 STREET ADDRESS: **171 Forest Trail**  
 CITY-ST-ZIP: **Oviedo, FL 32765**

TITLE: **D**  Delete  
 NAME: **TAN, VIC**  
 STREET ADDRESS: **1077 KELLY CREEK CIR**  
 CITY-ST-ZIP: **OVIEDO FL 32765**

TITLE: **D**  Change  Addition  
 NAME: **Tan, Vic**  
 STREET ADDRESS: **954 Moonlit Lane**  
 CITY-ST-ZIP: **Casselberry, FL 32765**

TITLE: **D**  Delete  
 NAME: **LAKENS, WAYNE**  
 STREET ADDRESS: **679 BANITAWOODS CT**  
 CITY-ST-ZIP: **WINTER SPRINGS FL 32768**

TITLE: **D**  Change  Addition  
 NAME: **Lukens, Wayne**  
 STREET ADDRESS: **1679 Benitawood Ct**  
 CITY-ST-ZIP: **Winter Springs, FL 32708**

TITLE: **D**  Delete  
 NAME: **KESNAUGH, CHRIS**  
 STREET ADDRESS: **720 BENTLEY ST**  
 CITY-ST-ZIP: **OVIEDO FL 32765**

TITLE: **D**  Change  Addition  
 NAME: **Kavenagh, Bruce**  
 STREET ADDRESS: **720 Bentley St**  
 CITY-ST-ZIP: **Oviedo, FL 32765**

TITLE:  Delete  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: **D**  Change  Addition  
 NAME: **Williford, V. Eugene**  
 STREET ADDRESS: **1005 E. Riviera Blvd.**  
 CITY-ST-ZIP: **Oviedo, FL 32765**

TITLE:  Delete  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

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: Daniel M. Lacich **REQUIRES** Daniel M. Lacich

Date: **1/22/01**

Daytime Phone #: **407-977-7370**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)