

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 11, 2000 8:00 am**  
**Secretary of State**

08-11-2000 90054 030 \*\*\*\*61.25

**DOCUMENT # N98000003179**

1. Entity Name  
**CYPRESS POINTE II AT CARLTON LAKES, INC.**

Principal Place of Business      Mailing Address

2405 PIPER BLVD.      2405 PIPER BLVD.  
 NAPLES FL 34110      NAPLES FL 34110  
 US      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      Applied For

**65-0902434**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SWALM & MURRELL, P.A.**  
**2375 TAMIAU TRAIL N., SUITE 308**  
**NAPLES FL 33940**

7. Name and Address of New Registered Agent

Name **Marion Gallant**  
 Street Address (P.O. Box Number is Not Acceptable) **11314 Sunray Dr.**  
 City **Bonita Springs FL** Zip Code **34135**

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 **Marion E. Gallant**      **8/7/00**  
 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**  
**After September 13, 2000 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	<b>D</b> CLAUSSEN, CHRISTOPHER G 2405 PIPER BOULEVARD NAPLES FL 34110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> CLAUSSEN, ROBERT G 2405 PIPER BPULEVARD NAPLES FL 34110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> STERLING, JACK 2405 PIPER BOULEVARD NAPLES FL 34110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> Vincent M. Speranza 5370 Andover # 201 NAPLES, FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> Richard Slama 5370. Andover # 201 NAPLES, FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> William Murphy 5345 Andover # 201 NAPLES, FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> Debra Dudley 5335 Andover # 202 NAPLES, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> John F. Moore 5345 Andover # 102 NAPLES, FL 34110	<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: **John F. Moore**      **8/6/00**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CRE037 (5/00)