

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-09-2002 90081 030 ***150.00

DOCUMENT # P00000087902

1. Entity Name
CYPRESS GARDENS OF FORT MYERS, INC.

Principal Place of Business Mailing Address
3225 AVIATION AVE., 7TH FL. **-3225 AVIATION AVE.- 7TH FL.-**
COCONUT GROVE FL 33133- **-COCONUT GROVE FL 33133 -**

DUSS244



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
c/o Hinman Straub, P.C. **c/o Hinman Straub, P.C.**

Suite, Apt. #, etc. Suite, Apt. #, etc.
121 State Street **121 State Street**

City & State City & State
Albany, NY **Albany, NY**

Zip Country Zip Country
12207 **USA** **12207** **USA**

4. FEI Number **-APPLIED FOR-** Applied For
14-1835822 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

KAMENESH, ESQ, PETER Z-
3225 AVIATION AVE., 7TH FL
COCONUT GROVE FL 33133

Name
Bolanos Truxton, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
12800 University Drive
Suite 340
 City FL Zip Code
Ft. Myers **33907**

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 *Greg Straub* Officer of *Bolanos Truxton, P.A.* DATE *4/30/02*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILEY, PATRICK J -3225 AVIATION AVE., 7TH FL- -COCONUT GROVE FL 33133-	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILEY, CHRISTINE C -3225 AVIATION AVE., 7TH FL- -COCONUT GROVE FL 33133	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	121 State Street Albany, NY 12207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	121 State Street Albany, NY 12207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John R. Aldrich 121 State Street Albany, NY 12207	<input type="checkbox"/> Change <input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *4/26/02* Daytime Phone # *518-436-0257*

CR2E034 (9/01)