

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90061 038 \*\*\*150.00

**DOCUMENT # P98000071137**

1. Entity Name

**CYPRESS INSURANCE SERVICES, INC.**

Principal Place of Business

Mailing Address

13810 SUTTON PK DR N. STE 529  
 JAX FL 32224

13810 SUTTON PK DR N. STE 529  
 JAX FL 32224-4248

2. Principal Place of Business

3. Mailing Address

4309 Pablo Oaks Court  
 Suite One

4309 Pablo Oaks Court  
 Suite One

City & State

City & State

Jacksonville, FL

Jacksonville, FL

Zip

Country

32224

USA

Zip

Country

32224

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3540759

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

**CORPORATION SERVICE COMPANY**  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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  Delete  
 NAME **CD**  
 STREET ADDRESS **FISHMAN, ALAN H**  
 CITY-ST-ZIP **6 WILLOW PLACE**  
**BROOKLYN NY 11201**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **STD**  
 STREET ADDRESS **CUDDY, BROOK L**  
 CITY-ST-ZIP **200 EAST 66TH STREET #D-904**  
**NEW YORK NY 10021**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **WRAY, MARC T**  
 CITY-ST-ZIP **314 EAST 82ND STREET #3FW**  
**NEW YORK NY 10028**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **308 East 82nd St #4W**  
 CITY-ST-ZIP **New York, NY 10028**

TITLE  Delete  
 NAME **VD**  
 STREET ADDRESS **HARGER, GARY R**  
 CITY-ST-ZIP **13810 SUTTON PK DR N. APT 421**  
**JAX FL 32224**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **4632 Swilcan Bridge Lane S**  
 CITY-ST-ZIP **Jacksonville, FL 32224**

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **GROVE, JOEL S**  
 CITY-ST-ZIP **10 BAFFORD COURT**  
**GLEN ARM MD 21057**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **P**  
 STREET ADDRESS **KLAITZ, DAVID J**  
 CITY-ST-ZIP **117 LINKSIDE CIR**  
**PT VEDRA BCH FL 32082**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

4-24-00

904-992-4492

Date

Daytime Phone #

CR2E034 (9/99)