

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 505235

1. Entity Name

CYPRESS REALTY, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90082 025 ***150.00

Principal Place of Business

7270-4 COLLEGE PKWY
FT. MYERS FL 33907

Mailing Address

7270-4 COLLEGE PKWY
FT. MYERS FL 33907-5658

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

59-1678422

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WADE, ROBERT L.
7270-4 COLLEGE PKWY
FT. MYERS FL 33907

7. Name and Address of New Registered Agent

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.
(See criteria on back) ☐

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

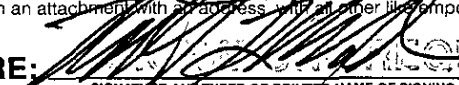
11. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	WADE, ROBERT L.	
STREET ADDRESS	1920 VIRGINIA AVE.	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	STD	☐ Delete
NAME	CONNELLY, JEAN L	
STREET ADDRESS	1715 -6 RED CEDAR DRIVE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VD	☐ Delete
NAME	COHAN, BRAD L.	
STREET ADDRESS	6859 BROKEN ARROW RD.	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	V	☐ Delete
NAME	GEHRINGER, THOMAS R	
STREET ADDRESS	1508 SW 58 ST	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 an other like empowered.

SIGNATURE:  Robert L Wade
President

01-27-00

941-275-3321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)