

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729140

1. Entity Name  
**CYPRESS WOODS, INC.**

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90244 034 \*\*\*\*61.25

Principal Place of Business      Mailing Address  
**4800 CYPRESS WOODS DRIVE**      **4800 CYPRESS WOODS DRIVE**  
**ORLANDO FL 32811**      **ORLANDO FL 32811-3721**



DO NOT WRITE IN THIS SPACE

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 **59-2077076**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**FOHL, JOHN S**  
**4800 CYPRESS WOODS DR**  
**ORLANDO 32811**

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 \_\_\_\_\_ (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

TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HELSON, MATHEW</b>	
STREET ADDRESS	<b>5308 PEBBLE BUCK DR</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32811</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>LENTSCH, RICHARD</b>	
STREET ADDRESS	<b>5414 PINE CREEK DR</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LAWRENCE, HARRIET</b>	
STREET ADDRESS	<b>5302 JASMINE CREEK LANE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KAZAROS, DIANE</b>	
STREET ADDRESS	<b>5332 BURNING TREE DR</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>RITZMANN, JANET</b>	
STREET ADDRESS	<b>5327 INDIAN CREEK DR</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32811</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>THOMPSON, GREGORY L.</b>	
STREET ADDRESS	<b>4838 PEBBLE BEACH DR</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SIDELL, ARLEBN</b>	
STREET ADDRESS	<b>5305 PEBBLE BEACH DR.</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32811</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NEWTON, HARLAN</b>	
STREET ADDRESS	<b>5472 PINE CREEK DR</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32811</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GROSCH, KATHY</b>	
STREET ADDRESS	<b>5315 INDIAN CREEK DR</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32811</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PIERCE, CAROL</b>	
STREET ADDRESS	<b>5362 BURNING TREE DR.</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32811</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RITZMANN, JANET</b>	
STREET ADDRESS	<b>5327 INDIAN CREEK DR.</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32811</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VON GRAFF, JUDY</b>	
STREET ADDRESS	<b>4820 PEBBLE BEACH DR</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32811</b>	

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: **RICHARD LENTSCH**      Date: **1/12/00**      Daytime Phone #: **407/425-2373**

CR2E037 (9/99)