

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

0068004

DOCUMENT # 729140

1. Entity Name

CYPRESS WOODS, INC.

02-04-2002 90136 040 ****61.25

Principal Place of Business 4800 CYPRESS WOODS DRIVE ORLANDO FL 32811	Mailing Address 4800 CYPRESS WOODS DRIVE ORLANDO FL 32811
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2077076		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		59-2077076			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
FOHL, JOHN S 4800 CYPRESS WOODS DR ORLANDO FL 32811				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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIDELL, ARLEEN		NAME	SIDELL, ARLEEN	
STREET ADDRESS	5305 PEBBLE BEACH DR.		STREET ADDRESS	5305 Pebble Beach Dr.	
CITY-ST-ZIP	ORLANDO FL 32811		CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWTON, HARLIN		NAME	FANUELA CARMAN	
STREET ADDRESS	5472 PINE CREEK DR		STREET ADDRESS	5311 PEBBLE BEACH DR	
CITY-ST-ZIP	ORLANDO FL 32811		CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSCH, KATHY		NAME	GROSCH, KATHY	
STREET ADDRESS	5315 INDIAN CREEK DR		STREET ADDRESS	5315 INDIAN CREEK DR	
CITY-ST-ZIP	ORLANDO FL 32811		CITY-ST-ZIP	ORLANDO 32811	
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LENTSCH, RICHARD		NAME	JEFF WILCOX	
STREET ADDRESS	5414 PINE CREEK DR		STREET ADDRESS	5418 PINE CREEK DR	
CITY-ST-ZIP	ORLANDO FL 32811		CITY-ST-ZIP	ORLANDO 32811	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITZMANN, JANET		NAME	MIKE GUTKIND	
STREET ADDRESS	5327 INDIAN CREEK DR		STREET ADDRESS	4704 TASKING CREEK LN	
CITY-ST-ZIP	ORLANDO FL 32811		CITY-ST-ZIP	ORLANDO 32811	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VON GRAFF, JUDY		NAME	ANN HALKWARD	
STREET ADDRESS	4820 PEBBLE BEACH DR		STREET ADDRESS	5432 Pine Creek Dr	
CITY-ST-ZIP	ORLANDO FL 32811		CITY-ST-ZIP	ORLANDO 32811	

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 employees.

SIGNATURE: *[Signature]* DATE: 1/15/02 DAYTIME PHONE: 407/425-2373

CR2E037 (9/01)