

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758735

1. Entity Name

CYPRESS RUN GOLF CLUB, INC.

Principal Place of Business

2669 ST. ANDREWS BLVD.  
TARPON SPRINGS FL 34689-6310

Mailing Address

2669 ST. ANDREWS BLVD.  
TARPON SPRINGS FL 34689-6310

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

59-2121717

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

REESE, MICHAEL K.  
696 1ST AVE. N.  
ST PETERSBURG FL 33701

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GEHEB, JOHN A	
STREET ADDRESS	1466 WHISPER WIND LANE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BREWER, ARNOLD A.	
STREET ADDRESS	1040 ROYAL BIRKDALE DR	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EAMES, W R	
STREET ADDRESS	1008 ROYAL BIRKDALE DRIVE	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHWARTZ, HERBERT	
STREET ADDRESS	2922 ST. ANDREWS BLVD.	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	COPPOLA, CARL L.	
STREET ADDRESS	1025 ARLINBROOK DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GILMORE, DAVID C.	
STREET ADDRESS	6402 RIVER RD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Geheb, John A.	
STREET ADDRESS	1466 Whisper Wind Lane	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brewer, Arnold A.	
STREET ADDRESS	1040 Royal Birkdale Dr.	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelly, Thomas M.	
STREET ADDRESS	2609 Royal Liverpool Dr.	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Atkinson, Thomas	
STREET ADDRESS	1890 West Bay Dr.	
CITY-ST-ZIP	Largo, FL 33770	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grossmann, John	
STREET ADDRESS	2726 St. Andrews Blvd.	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wilson, Samuel	
STREET ADDRESS	3353 Wedgewood Way	
CITY-ST-ZIP	Tarpon Springs, FL 34689	

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.

(727) 938-3774

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas M. Kelly, President

4-6-01

Date (727) 938-3774 Daytime Phone #

FILED  
Apr 23, 2001 8:00 am  
Secretary of State  
04-23-2001 90015 024 \*\*\*\*61.25

642477



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)



Cypress Run Golf Club, Inc.  
2669 St. Andrews Boulevard  
Tarpon Springs, FL 34689-6310

Doc # 758735  
Stamp # 642477

Pro Shop  
(727) 937-3191  
Maintenance  
(727) 938-5832  
Club House  
(727) 938-3774  
FAX  
(727) 942-8814

April 6, 2001

Division of Corporation  
Annual Reports Filings  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Document #758735

To Whom It May Concern:

Additional Directors for the Board of Governors are:

D. Heveran, Edward  
1008 Royal Dornoch Ct.  
Tarpon Springs, FL 34689

D  
Bonarigo, Ben C.  
1046 Royal Troon Ct.  
Tarpon Springs, FL 34689

D  
Wood, Thomas R.  
2002 Gulfview Drive  
Holiday, FL 34691

D  
Hafer, Robert  
3664 Doral Street  
Palm Harbor, FL 34685

D  
Trinkwon, Paul  
2942 St. Andrews Blvd.  
Tarpon Springs, FL 34689

Sincerely

Ann Lane  
Administrative Assistant