


# 2001 UNIFORM BUSINESS REPORT (UBR)

0020293 SP

**DOCUMENT # A26915**

1. Entity Name  
**CYPRESS POINT DEVELOPERS, LTD.**

**FILED**  
01 JAN 31 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**CENTURY PLAZA  
2820-A U.S. #1 SOUTH  
ST. AUGUSTINE FL 32086**

Mailing Address  
**CENTURY PLAZA  
2820-A U.S. #1 SOUTH  
ST. AUGUSTINE FL 32086**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country

Zip  
Country

4. FEI Number  
**59-2909817**

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**COSTEIRA, JAMES H  
2820-A U.S. #1 SOUTH  
ST. AUGUSTINE FL 32086**

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 \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$450,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **450,000**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

**12. GENERAL PARTNER INFORMATION**

**13. ADDRESS CHANGES ONLY**

DOCUMENT #  
NAME **JAMES H. COSTEIRA**  
STREET ADDRESS **3673 LONE WOLF TR**  
CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
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CITY-ST-ZIP

STREET ADDRESS  
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**800003655-448-5  
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *James H. Costeira*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/24/01** (904) **797-6000**  
Date Daytime Phone #

CR2E003 (11/00)