

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A26915**

1. Entity Name

CYPRESS POINT DEVELOPERS, LTD.

FILED

02 JAN 14 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RJH



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

59-2909817

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record.

\$450,000.00

10. Amount of Capital Contributions in FLORIDA to date.

SAME AS 9.

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

STREET ADDRESS	CITY-ST-ZIP

300004789253--1
-01/22/02--01103--027
******535.00 ****535.00**

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

01/03/02 (909)
Date Daytime Phone # **797-6000**

CR2E003 (9/01)