

2002 UNIFORM BUSINESS REPORT (UBR)

0006980
AT

DOCUMENT # **A32140**

1. Entity Name

CYPRESS LANE APARTMENTS LIMITED PARTNERSHIP

Principal Place of Business

Mailing Address

**4400 BAYOU BLVD.
SUITE 6B
PENSACOLA FL 32503**

**4400 BAYOU BLVD.
SUITE 6B
PENSACOLA FL 32503**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

64-0806104

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

**FLEMING, EDWARD P
4300 BAYOU BLVD.
SUITE 12-13
PENSACOLA FL 32503**

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

\$10,000.00

10. Amount of Capital Contributions in FLORIDA to date

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
**TIPPENS, GARY
4400 BAYOU BLVD. SUITE 6B
PENSACOLA FL**

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

10,000 X .007 = 70.00 filing fee

88.75 Dup fee

\$158.75

DOCUMENT #
NAME
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STREET ADDRESS

CITY-ST-ZIP

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*****158.75 ***158.75**

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STREET ADDRESS

CITY-ST-ZIP

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:

GARY TIPPENS

850-484-2906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

FILED
2002 FEB 25 PM 3:40
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA