

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001708**

1. Entity Name

**CYPRESS RUN PROJECT INVESTORS, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 18 AM 10: 02

Principal Place of Business

C/O WHITNEY MANAGMENT CORP.  
8588 KATY FREEWAY, SUITE 240  
HOUSTON TX 77024

Mailing Address

C/O WHITNEY MANAGMENT CORP.  
8588 KATY FREEWAY, SUITE 240  
HOUSTON TX 77024

2. Principal Place of Business

15501 Bruce B. Downs Blvd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip

33647

Country

USA

Country

4. FEI Number

76 0621341

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

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

9. Capital Contributions

**\$1,850,000.00**

10. Amount of Capital Contributions

in FLORIDA to date: **\$1,850,000.00**

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

DOCUMENT # **F95000005396**  
NAME **CYPRESS RUN PROJECT INVESTORS, INC.**  
STREET ADDRESS **8588 KATY FREEWAY, SUITE 240**  
CITY-ST-ZIP **HOUSTON TX 77024**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**D. GARRY MUNSON**

7/24/00

713932 005

Date

Daytime Phone #

CR2E003 (5/00)