

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F19034

1. Entity Name

CYPRESS REALTY OF TALLAHASSEE, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90067 033 ***150.00

Principal Place of Business

315 A N COPELAND
TALLAHASSEE FL 32304
US

Mailing Address

P.O. BOX 2196
TALLAHASSEE FL 32316
US

2. Principal Place of Business

2921 Parramore Shores Rd.

3. Mailing Address

Suite, Apt. #, etc.
City & State
Zip

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip

32310

Country

Leon

Zip

Country

4. FEI Number

59-2066324

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODBY, DEBORAH A.
2921 PARRAMORE SHORES RD
TALLAHASSEE FL 32310

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: PTS
NAME: RODBY, DEBORAH A
STREET ADDRESS: 2921 PARRAMORE SHORES RD
CITY-ST-ZIP: TALLAHASSEE FL ☐ Delete

TITLE: D
NAME: RODBY, DEBORAH A
STREET ADDRESS: 2921 PARRAMORE SHORES RD
CITY-ST-ZIP: TALLAHASSEE FL ☐ Delete

TITLE: VD
NAME: RODBY, JAMES P
STREET ADDRESS: 2921 PARRAMORE SHORES RD
CITY-ST-ZIP: TALLAHASSEE FL ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
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STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/01 850-576-3075

0461219

CR2E034 (10/00)