

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90129 028 ***150.00

DOCUMENT # F94543

1. Entity Name

Cypress Care Centers, Inc.

Principal Place of Business

1309 Briarville Road
P.O. Box 1537
Madison, TN 37116-1537

Mailing Address

1309 Briarville Road
P.O. Box 1537
Madison, TN 37116-1537

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2309913

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

Michael W. Hardy
2814 North Roosevelt Boulevard
No 505
Key West FL 33040

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. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Tidwell, C.W.
STREET ADDRESS 1309 Briarville Rd
CITY-ST-ZIP Madison, TN 37115

☐ Delete

TITLE VD
NAME Hardy, James B.
STREET ADDRESS 2814 North Roosevelt Boulevard
CITY-ST-ZIP Key West, FL 33040

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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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-01

65860-2592

CR2E034 (1/1/00)