

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005396

1. Entity Name

CYPRESS RUN PROJECT INVESTORS, INC.

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90124 001 ***550.00

Principal Place of Business

WHITNEY CAPITAL
ONE PENN PLAZA STE 706
NEW YORK NY 10119

Mailing Address

WHITNEY CAPITAL
ONE PENN PLAZA STE 706
NEW YORK NY 10119

2. Principal Place of Business

15501 Bruce B. Downs Blvd.

3. Mailing Address

8588 Katy Freeway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Houston, TX

Zip

33647

Country

USA

Zip

77024

Country

USA

4. FEI Number

13-3479575

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	V	<input checked="" type="checkbox"/> Delete
NAME	SCHLACTER, MARK	
STREET ADDRESS	C/O WHITNEY 1 PENN PLAZA STE 1706	
CITY-ST-ZIP	NEW YORK NY 10119	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRANVILLE, THOMAS	
STREET ADDRESS	C/O WHITNEY 1 PENN PLAZA STE 1706	
CITY-ST-ZIP	NEW YORK NY 10119	
TITLE	S	<input type="checkbox"/> Delete
NAME	STANTON, VIRGINIA	
STREET ADDRESS	625 MADISON AVE.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	P	<input type="checkbox"/> Delete
NAME	MUNSON, D. GARY	
STREET ADDRESS	1 PENN PLAZA STE 1706	
CITY-ST-ZIP	NEW YORK NY 10119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stanton, Virginia	
STREET ADDRESS	c/o Whitney Capital Company, One Penn Plaza	
CITY-ST-ZIP	Suite 1706, New York, NY 10119	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Munson, D. Garry	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

D. GARRY MUNSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/24/00 713 932 0005

CR2E034 (5/00)