

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006400

1. Entity Name  
CYPRESS CREEK INVESTORS, INC.

5375

FILED

Apr 06, 2001 8:00 am  
Secretary of State

04-06-2001 90014 021 \*\*\*150.00

00045180



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
FOUR EMBARCADERO CENTER, SUITE 2200  
SAN FRANCISCO CA 94111

Mailing Address  
FOUR EMBARCADERO CENTER, SUITE 2200  
SAN FRANCISCO CA 94111

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 94-3288901

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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 NAME STREET ADDRESS CITY-ST-ZIP	P CREWS, JESSE V 15 ALICE PLACE ORINDA CA 94536 OK	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MIHM, EDWIN R FOUR EMBARCADERO CENTER, SUITE 2200 SAN FRANCISCO CA 94111 OK	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC NORD, THOMAS C FOUR EMBARCADERO CENTER, SUITE 2200 SAN FRANCISCO CA 94111 OK	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TINNON, RICHARD M FOUR EMBARCADERO CENTER, SUITE 2200 SAN FRANCISCO CA 94111 OK	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, JAMES G FOUR EMBARCADERO CENTER, SUITE 2200 SAN FRANCISCO CA 94111 OK	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JENKINS-STARK, JOHN 613 MURRAY PLACE LAFAYETTE CA 94549	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR VP & CFO CURT F. GLENN FOUR EMBARCADERO CTR # 2200 SAN FRANCISCO, CA 94111 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 an other like empowered.

SIGNATURE:

Thomas C. Nord

Thomas C. Nord

Date

Daytime Phone #

4159553340

CR2E034 (10/00)