

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90087 027 ***150.00

DOCUMENT # F99000005375

1. Entity Name

CYPRESS COMMUNICATIONS OF SOUTH FLORIDA, INC.

Principal Place of Business

FIFTEEN PIEDMONT CENTER, SUITE 710
ATLANTA GA 30305

Mailing Address

FIFTEEN PIEDMONT CENTER, SUITE 710
ATLANTA GA 30305

2. Principal Place of Business

Fifteen Piedmont Center

3. Mailing Address

Fifteen Piedmont Center

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Atlanta, GA

City & State

Atlanta, GA

Zip

30305

Country

Zip

30305

Country

4. FEI Number

58-2330270

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)

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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.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO ALLEN, R. STANLEY 4408 EAST CONWAY DRIVE ATLANTA GA 30327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GRAVES, MARK A 1413 WATERFORD GREEN WAY MARIETTA GA 30068	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BONIFACE, BARRY L 3982 CLUB DRIVE ATLANTA GA 30319	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOURDEAUX, WARD C JR. 694 WESLEY DRIVE ATLANTA GA 30305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUTZ, JEFFREY H 2111 SOUTH FILLMORE STREET DENVER CO 80210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EGAN, WILLIAM P 9 PHILLIPS POND NATICK MA 01760	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman + CEO Blount, W. Frank 1040 Stevall Blvd, N.E. Atlanta, GA 30319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP, CFO, S McCarthy, Robert 719 Elkhorn Dr. Atlanta, GA 30306	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP, Director Boniface, Barry L 3982 Club Drive Atlanta, GA 30319	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP, D Bourdeaux, Ward C Jr. 694 Wesley Drive Atlanta, GA 30305	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chairman + Director Allen, R. Stanley 4408 East Conway Drive Atlanta, GA 30327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert W. McCarthy

1-12-01

Date

404.442.0110

Daytime Phone #

CR2E034 (10/00)