

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H49896

1. Entity Name

FLORIDA CYPRESS GARDENS, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90121 023 ***150.00

Principal Place of Business

Mailing Address

2641 S LAKE SUMMIT DR.
CYPRESS GARDENS FL 33884

P.O. BOX 1
CYPRESS GARDENS FL 33884-0001

B0003278



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2515569

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

MANN, JOHN L
105 S FLORIDA AVE.
LAKELAND FL 33801

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, 2000 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 REYNOLDS, WILLIAMS
STREET ADDRESS 50 SKIDMORE RD
CITY-ST-ZIP WINTER HAVEN FL 33884 ☐ Delete

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

TITLE STD
NAME KEHOE, ROBERT J
STREET ADDRESS 716 LOGAN LANE
CITY-ST-ZIP WINTER HAVEN FL 33880 ☐ Delete

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

TITLE VD
NAME BROCK, DENNIS
STREET ADDRESS P.O. BOX 72 N/A
CITY-ST-ZIP CYPRESS GARDENS FL 33884 ☐ Delete

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

TITLE VD
NAME LABUDA, GLENN
STREET ADDRESS 3440 LAKEVIEW DR., S.E.
CITY-ST-ZIP WINTER HAVEN FL 33884 ☐ Delete

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

TITLE VD
NAME BRANCH, DEBORAH
STREET ADDRESS 2112 EDGEWATER CIR
CITY-ST-ZIP WINTER HAVEN FL 33880 ☒ Delete

TITLE VD
NAME Shawn Lea Creedon
STREET ADDRESS 25 Vantage Lane
CITY-ST-ZIP Winter Haven FL 33881 ☐ Change ☐ Addition *See attached*

TITLE VD
NAME TRUPIANO, THOMAS
STREET ADDRESS 2107 JONATHAN LANE
CITY-ST-ZIP WINTER HAVEN FL 33884 ☐ Delete

TITLE
NAME
STREET ADDRESS
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: *Robert Kehoe*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/00

Date

941-724-2111

Daytime Phone #

Ext

228

CR2E034 (9/99)