

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90266 005 ***150.00

DOCUMENT # H49896

1. Entity Name
FLORIDA CYPRESS GARDENS, INC.

Principal Place of Business
2641 S LAKE SUMMIT DR.
CYPRESS GARDENS FL 33884

Mailing Address
P.O. BOX 1
CYPRESS GARDENS FL 33884

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2515569**

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☒ **Delete**
NAME **CREEDON, SHARON**
STREET ADDRESS **25 VAGABOND LANE**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **VP, Sec. & Treas.** ☐ **Change** ☒ **Addition**
NAME **Wade, H. Keith**
STREET ADDRESS **PO Box 8098**
CITY-ST-ZIP **Cypress Gardens, FL 33884**

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

TITLE **Director** ☐ **Change** ☒ **Addition**
NAME **Maxwell, Lawrence W.**
STREET ADDRESS **5015 S. Florida Avenue**
CITY-ST-ZIP **Lakeland, FL 33813**

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

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

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

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

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

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

TITLE **PD** ☐ **Delete**
NAME **REYNOLDS, WILLIAMS**
STREET ADDRESS **50 SKIDMORE RD.**
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE ☐ **Change** ☐ **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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/02

Date

863/324-2111 x229

Daytime Phone #

CR2E034 (9/01)