

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2003 8:00 am**  
**Secretary of State**

09-02-2003 90184 036 \*\*\*550.00

**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+  
CYPRESS GARDENS FL 33884**

2. Principal Place of Business

3. Mailing Address  
**2641 S. Lake Summit Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Cypress Gardens, FL**

4. FEI Number **59-2515569**

Applied For  
Not Applicable

Zip

Country

Zip  
**33884**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

Name  
**CLARK, RONALD L.**  
Street Address (P.O. Box Number is Not Acceptable)  
**CLARK, CAMPBELL & MAWHINNEY, P.A.  
500 SOUTH FLORIDA AVENUE, SUITE 800  
City LAKELAND FL Zip Code 33801**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Aug 25, 03*

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State**

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

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST KEITH, WADE H PO BOX 8098 CYPRESS GARDENS FL 33884 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAXWELL, LAWRENCE W 5015 S. FLORIDA AVE. LAKELAND FL 33813 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROCK, DENNIS P.O. BOX 72 N/A CYPRESS GARDENS FL 33884 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LABUDA, GLENN 3440 LAKEVIEW DR., S.E. WINTER HAVEN FL 33884 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TRUPIANO, THOMAS 2107 JONATHAN LANE WINTER HAVEN FL 33884 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REYNOLDS, WILLIAMS 50 SKIDMORE RD. WINTER HAVEN FL 33884 <input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/25/03*

Date

Daytime Phone #

CR2E034 (4/03)