

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90906 024 ***150.00

DOCUMENT # H89412

1. Entity Name

CYPRESS LOG HOMES, INC.

Principal Place of Business

% DANA L. FREEL
17879 SE 95TH ST RD
OCKLAWAHA FL 32179
US

Mailing Address

% DANA L. FREEL
17879 SE 95TH ST RD
OCKLAWAHA FL 32169
US

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

59-2633156

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FREEL, DANA L.
17879 SE 95TH ST RD
OCKLAWAHA FL 32179

7. Name and Address of New Registered Agent

Name **Darlene V. Freel**
 Street Address (P.O. Box Number is Not Acceptable) **17879 SE 95th St Rd**
 City **Ocklawaha** FL Zip Code **32179**

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
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DR	<input type="checkbox"/> Delete
NAME	FREEL, DANA L.	
STREET ADDRESS	17879 SE 95TH ST RD	
CITY-ST-ZIP	OCKLAWAHA FL 32179	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FREEL, DARLENE	
STREET ADDRESS	17879 SOUTHEAST 95TH ST ROAD	
CITY-ST-ZIP	OCKLAWAHA FL 32179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dana Freel	
STREET ADDRESS	17879 SE 95th ST Rd	
CITY-ST-ZIP	Ocklawaha, FL 32179	
TITLE	P. Sec	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Darlene Freel	
STREET ADDRESS	17879 SE 95th ST Rd	
CITY-ST-ZIP	Ocklawaha FL 32179	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Freel, Herbert	
STREET ADDRESS	17879 SE 95th ST Rd	
CITY-ST-ZIP	Ocklawaha, FL 32179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Darlene V. Freel Pres **4-12-02** **352 288 1115**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #