

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**  
 02-26-2000 90012 025 \*\*\*150.00

**DOCUMENT # J89915**

1. Entity Name

**CYPRESS HOUSE INC.**

Principal Place of Business

601 CAROLINE ST  
 KEY WEST FL 33040  
 US

Mailing Address

601 CAROLINE ST  
 KEY WEST FL 33040-6606  
 US

00000120



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

**65-0011519**

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

**VANDERPUTTEN, JOAN**  
**601 CAROLINE ST**  
**KEY WEST FL 33040**

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 ☐ Delete

**S**  
**VANDERPUTTEN, JAN**  
**28 OLD FULTON LANDING**  
**BROOKLYN NY**

TITLE ☐ Delete

**VP**  
**VANDERPUTTEN, THOMAS**  
**29 BLACKFOOT TRAIL**  
**SHOREHAM NY**

TITLE ☐ Delete

**T**  
**VANDERPUTTEN, JOAN**  
**601 CAROLINE ST**  
**KEY WEST FL**

TITLE ☐ Delete

**P**  
**VANDERPUTTEN, GARY**  
**28 OLD FULTON LANDING**  
**BROOKLYN NY**

TITLE ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE  
 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:

*Joan Vanderputten*  
**JOAN VANDERPUTTEN**

Date

Daytime Phone #

**305/294-6969**

CR2E034 (9/99)