

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K96381** (4)

1. Corporation Name

U.A.P. - CYPRESS POINT, INC.



Principal Place of Business

**608 E CENTRAL BLVD
ORLANDO FL 32801**

Mailing Address

**608 E CENTRAL BLVD
ORLANDO FL 32801**

3. Date Incorporated or Qualified

06/19/1989

3a. Date of Last Report

04/19/1995

2. Principal Place of Business

21 1017 E South Street

2a. Mailing Address

26 1017 E South Street

4. FEI Number

59-2965467

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Suite B

Suite, Apt. #, etc.

27 Suite B

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

23 Orlando FL 32801

City & State

28 Orlando FL

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

24 32801

Country

25 Orange

Zip

29 32801

Country

30 Orange

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**HILL, CAREY L
608 E CENTRAL BLVD
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1017 E South Street

83

Suite B

84

**City
Orlando**

FL

85 Zip Code
32801

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **MYLREA, BRUCE W.**
STREET ADDRESS **608 E. CENTRAL BLVD.**
CITY - ST - ZIP **ORLANDO FL**

TITLE **DEV** ☒ DELETE

NAME **RUSSELL, GARY**
STREET ADDRESS **608 E. CENTRAL BLVD.**
CITY - ST - ZIP **ORLANDO FL**

TITLE **DVT** ☐ DELETE

NAME **CASEY, DENNIS**
STREET ADDRESS **608 E. CENTRAL BLVD.**
CITY - ST - ZIP **ORLANDO FL**

TITLE **DVS** ☐ DELETE

NAME **SLEMONS, WILLIAM M., III**
STREET ADDRESS **608 E. CENTRAL BLVD.**
CITY - ST - ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE

NAME **HILL, CAREY L.**
STREET ADDRESS **2300 SUN BANK CENTER**
CITY - ST - ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

**1017 E South Street, Suite B
Orlando FL 32801**

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

**1017 E South Street, Suite B
Orlando, FL 32801**

4.1 TITLE

☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

**1017 E South Street, Suite B
Orlando FL 32801**

5.1 TITLE

☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

**1017 E South Street, Suite B
Orlando FL 32801**

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/24/96 407-895-5578

CR2E034 (12/95)