

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K96718

1. Entity Name

CYPRESS HOMES, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90091 026 \*\*\*150.00

Principal Place of Business

Mailing Address

601 S. FALKENBURG  
BLDG.1-UNIT 4  
TAMPA FL 33619  
US

P.O. BOX 874  
P.O. BOX 874  
BRANDON FL 33509-0874  
US

2. Principal Place of Business

3. Mailing Address

322 W. Robertson

Suite, Apt. #, etc.

City & State

City & State

BRANDON, FL.

Zip Country  
33511 U.S.

Zip Country

4. FEI Number 59-2950142

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

ORY, RONNIE J.  
1725 BRANDON TRACE AVE  
BRANDON FL 33510

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PTD	ORY, LINDA L.	1725 BRANDON TRACE AVE	BRANDON FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VSD	ORY, RONNIE J.	1725 BRANDON TRACE AVE	BRANDON FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V	ORY, BRETT A.	305 HUGHES	BRANDON FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

1/11/00

Date

813-661-5800

Daytime Phone #

CR2E034 (9/99)