

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 18 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000005691

1. Entity Name
CYPRESS LAKES, LLC

Principal Place of Business
50 A1A NORTH, STE 103
PONTE VEDRA BEACH FL 32082

Mailing Address
50 A1A NORTH, STE 103
PONTE VEDRA BEACH FL 32082-1344

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

59-3598811

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOTOLAW, INC.
50 NORTH LAURA STREET, STE 2750
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name BARON L. BARTLETT P.A.
Street Address (P.O. Box Number is Not Acceptable)
Highway A1A Santa Fe 103
City Ponte Vedra FL 32072

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

Baron L. Bartlett P.A.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/01/00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM
BRAREN, MICHAEL F
STREET ADDRESS 50 A1A NORTH, STE 103
CITY- ST- ZIP PONTE VEDRA BEACH FL

☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

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10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE NAME
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CITY- ST- ZIP

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TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)