

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008779

1. Entity Name

JMC - CYPRESS LAKES, L.L.C.

FILED

01 MAY -1 PM 5:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3225 S MACDILL AVENUE, SUITE 129
TAMPA FL 33629

Mailing Address

3225 S MACDILL AVENUE, SUITE 129
TAMPA FL 33629

2. Principal Place of Business

3. Mailing Address

PMB #253

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3225 S. Macdill Avenue, Suite 129

City & State

City & State

4. FEI Number

42-1306116

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALLEY, STEPHEN G
390 NORTH ORANGE AVE
SUITE 2500
ORLANDO FL 32801

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

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

200004275302--8
-05/22/01--01012--004
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CULVERHOUSE, JOY MCCANN
3301 BAYSHORE BLVD
TAMPA FL 33629 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 *Joy McCann Culverhouse* Joy McCann Culverhouse

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/25/01 (813) 805-0093

Date Daytime Phone #

CR2E083 (11/00)

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