2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 06, 2001 8:00 am
Secretary of State
02-12-2001 90247 037 ****61.25

DOCUMENT # N00000000104

1. Entity Name

CYPRESS COMMONS COMMERCIAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5645 STRAND BLVD..STE.3 NAPLES FL 34110	5645 STRAND BLVD..STE.3 NAPLES FL 34110

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5645 STRAND BLVD	5645 STRAND BLVD
Suite, Apt. #, etc.: SUITE 3	Suite, Apt. #, etc.: SUITE 3
City & State: NAPLES FL	City & State: NAPLES FL
Zip: 34110 Country: COLLIER	Zip: 34110 Country: COLLIER

4. FEI Number 65-1008900 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NAPLES-LAWDOCK, INC.
4501 TAMIAMI TRAIL NORTH,STE.300
NAPLES FL 34110

7. Name and Address of New Registered Agent

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 $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HARDY, ROBERT PAUL 5645 STRAND BLVD.,STE.3 NAPLES FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD TOLSON, RENEE 5645 STRAND BLVD.,STE.3 NAPLES FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOLSON, MARK 5645 STRAND BLVD.,STE.3 NAPLES FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (10/00)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED T Olson 2-8-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #