2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
02-01-2001 90161 045 ****61.25

DOCUMENT # N00000000434

1. Entity Name

CYPRESS RESERVE, INC.

Principal Place of Business	Mailing Address
10714 FLORENCE AVE. THONOTOSASSA FL 33592	10714 FLORENCE AVE. THONOTOSASSA FL 33592

28119

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10712 FLORENCE AVE.	10712 FLORENCE AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: THONOTOSASSA FL 33592	City & State: THONOTOSASSA FL 33592
Zip	Country: USA
Zip	Country: USA

4. FEI Number: 59-3574061 ☐ 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
GRIFFIN, EILEEN H GRIFFIN & ASSOCIATES, P.A. 915 OAKFIELD DR., STE. F BRANDON FL 33511	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	PRESIDENT "D" STEPHEN KOCSIS 12404 CALUSA LN THONOTOSASSA FL 33592	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT "D" SCOTT TOMLINSON 12603 SELAH RANCH LN THONOTOSASSA FL 33592	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TODD TOMLINSON "D" 1009 OAKRIDGE MANOR DR. BRANDON, FL 33511	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #