## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

3. Mailing Address

City & State

Zip

10712 FLORENCE AVE.

THONOTOSASSA FL 33592

Suite, Apt. #, etc.

## DOCUMENT # N0000000434

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

1. Entity Name

CYPRESS RESERVE, INC.

Principal Place of Business

10712 FLORENCE AVE.

THONOTOSASSA FL 33592

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

2. Principal Place of Business

SKALSKI, JOSEPH C P.A.

**CLEARWATER FL 33762** 

the obligations of registered agent.

changed, or on an attachment with

**SIGNATURE:** 

14010 ROOSEVELT BLVD. STE. 708



Country

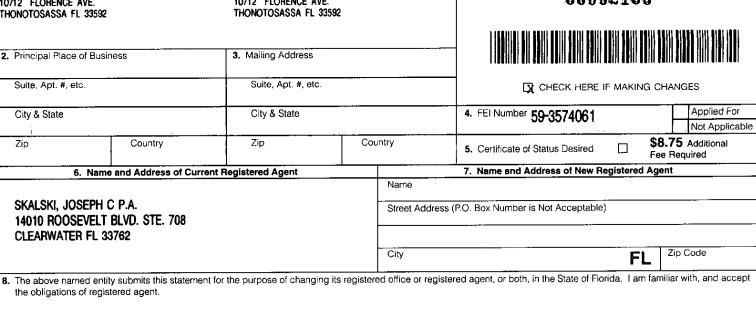
Name

(NOTE: Registered Agent signature required when reinstating)

**FILED** Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90131 013 \*\*\*\*61.25

DUUU413b



FILE NOW: FEE IS \$61.25		Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State		
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOCSIS, STEPHEN 12404 CALUSA LN THONOTOSASSA FL 33592	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	VPD TOMLINSON, SCOTT 12603 SELAH RANCH LN THONOTOSASSA FL 33592	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMLINSON, TODD 1009 OAKRIDGE MANOR DR BRANDON FL 33511	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4817 SETE	LANE Y FL	33565	<b>X</b> Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		. 7		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			•	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
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 fruetce and that my name appears in Block 10 or Block 11 if								