

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000001326

FILED  
May 01, 2003  
Secretary of State

Entity Name: CYPRESS LOOP VILLAGE OF HERITAGE SPRINGS, INC.

## Current Principal Place of Business:

11345 ROBERT TRENT JONES PARKWAY  
NEW PORT RICHEY, FL 34655

## New Principal Place of Business:

## Current Mailing Address:

11345 ROBERT TRENT JONES PARKWAY  
NEW PORT RICHEY, FL 34655

## New Mailing Address:

FEI Number: 59-3741544

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KRACH, MITCHELL  
11345 ROBERT TRENT JONES PARKWAY  
NEW PORT RICHEY, FL 34655

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: XXXX ( ) Delete  
Name: XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXX XXXXXXXX  
Address: XX  
City-St-Zip: XXXXXXXXXXXXXXXXXXXXXXXXXXXX, XX XXXXXXXX

Title: XXXX ( ) Delete  
Name: XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXX XXXXXXXX  
Address: XX  
City-St-Zip: XXXXXXXXXXXXXXXXXXXXXXXXXXXX, XX XXXXXXXX

Title: VP ( ) Delete  
Name: KRACH, MITCHELL MR.  
Address: 11345 ROBERT TRENT JONES PARKWAY  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: PD ( ) Delete  
Name: EICHHOLT, LEWIS MR.  
Address: 11345 ROBERTY TRENT JONES PARKWAY  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D ( ) Delete  
Name: BARBER, NORMAN MR.  
Address: 11345 ROBERT TRENT JONES PARKWAY  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DST ( ) Delete  
Name: LUKACZESKI, JOHN J MR.  
Address: 11345 ROBERT TRENT JONES PARKWAY  
City-St-Zip: NEW PORT RICHEY, FL 34655

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MITCHELL KRACH

VP

05/01/2003

Electronic Signature of Signing Officer or Director

Date