2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000005229

Name:

Address:

City-St-Zip:

CARTY, LORRAINE

15265 IONA LAKES DR

FT MYERS, FL 33908

Entity Name: FRIENDS OF CYPRESS LAKE HIGH SCHOOL. INC.

FILED Jan 27, 2003 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 12880 BANYAN CREEK DR FT MYERS, FL 33908 **Current Mailing Address: New Mailing Address:** 12880 BANYAN CREEK DR 12860 BANYAN CREEK DR FT MYERS, FL 33908 FT MYERS, FL 33908 FEI Number: 81-0562630 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: DODRILL, DAN DODRILL, DAN 12880 BANYAN CREEK DR 12860 BANYAN CREEK DR FT MYERS, FL 33908 FT MYERS, FL 33908 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: 01/27/2003 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Change () Addition () Delete DODRILL, DAN Name: Name: Address: 12410 MCGREGOR WOODS CIR Address: City-St-Zip: FT MYERS, FL 33908 City-St-Zip: Title: () Delete Title: () Change () Addition Name: DODRILL, KAREN Name: Address: 12410 MCGREGOR WOODS CIR Address: City-St-Zip: FT MYERS, FL 33908 City-St-Zip: Title: () Delete Title: () Change () Addition RIECKHOFF, TIM Name: Name: 777 WILSON AVE Address: Address: City-St-Zip: FT MYERS, FL 33919 City-St-Zip: Title: DS () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: KAREN M DODRILL T 01/27/2003