

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22164

1. Entity Name

CYPRESS LAKE CENTER ASSOCIATION, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90010 007 ****61.25

Principal Place of Business	Mailing Address
% PRISCILLA MURPHY REALTY INC 13831 VECTOR AVE. STE 105 FT MYERS FL 33907 US	% PRISCILLA MURPHY REALTY. INC 13831 VECTOR AVE. STE 105 FT MYERS FL 33907-8820 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0043302	Not Applicable

5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRISCILLA MURPHY REALTY INC
13831 VECTOR AVE
STE 105
FT MYERS FL 33907

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																								
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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: Allen C Williams **SIGNATURE REQUIRED** 03-13-00 941-482-5112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #

CR2E037 (9/99)