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May 06 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000003341 (4)

1. Corporation Name

CYPRESS EQUITY FUND MANAGEMENT CORP.



Principal Place of Business

Mailing Address

200 S ORANGE AVE  
SUITE 205 SUNBANK CENTER  
ORLANDO FL 32801

200 S ORANGE AVE  
STE 1200 SUNBANK CENTER  
ORLANDO FL 32801-3410  
US

3. Date Incorporated or Qualified  
07/06/1994

3a. Date of Last Report  
06/18/1996

2. Principal Place of Business

2a. Mailing Address

21 390 N. Orange Ave  
Suite, Apt. #, etc.  
22 Suite 1300

26 390 N. Orange Ave  
Suite, Apt. #, etc.  
27 Suite 1300

4. FEI Number  
59-3260874

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

23 Orlando FL

28 Orlando FL

24 Zip 32801 25 Country USA

29 Zip 32801 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCINTOSH, DAVID  
777 S FLAGLER DR  
SUITE 500  
WEST PALM BEACH FL 33401

81 Name Thomas P. Page

82 Street Address (P.O. Box Number is Not Acceptable)

83 390 N. Orange Ave. Suite 1300

84 City Orlando

FL

85 Zip Code 32801

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME HEGGESTAD, ARNOLD A  
STREET ADDRESS COLLEGE BUSINESS ADMIN 321 BUSINESS BLDG  
CITY-ST-ZIP GAINESVILLE FL 32611

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME BROOKE, PETER A  
STREET ADDRESS ADVENT INTL 101 FEDERAL ST 5TH FLOOR  
CITY-ST-ZIP BOSTON MA 02110

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME RUFFIER, JOAN D  
STREET ADDRESS 1115 BELLEAIRE CIR  
CITY-ST-ZIP ORLANDO FL 32804

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME MCINTOSH, DAVID  
STREET ADDRESS GUNSTER YOAKLEY 777 S FLAGLER DR #500  
CITY-ST-ZIP WEST PALM BEACH FL 33401

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME BRUNDAGE, WILLIAM G  
STREET ADDRESS ENTERPRISE FL 200 ORANGE AVE SUNBANK CTR  
CITY-ST-ZIP ORLANDO FL 32801

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME FRANKLIN, DAVID  
STREET ADDRESS 200 S ORANGE AVE STE 1200  
CITY-ST-ZIP ORLANDO FL 32801

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME P. David Franklin  
6.3 STREET ADDRESS 390 N. Orange Ave. Suite 1300  
6.4 CITY-ST-ZIP Orlando FL 32801

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)