

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003341

1. Entity Name

CYPRESS EQUITY FUND MANAGEMENT CORP.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90115 043 ****61.25

0025653

Principal Place of Business

390 N ORANGE AVE
STE 1300
ORLANDO FL 32801
US

Mailing Address

390 N ORANGE AVE
STE 1300
ORLANDO FL 32801
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3260874

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAGE, THOMAS P
390 N ORANGE AVE
SUITE 1300
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name William L. Kean

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

390 N. Orange Ave., Suite 1300

City Orlando

FL

Zip Code 32801

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)

4/20/01
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

TITLE D ☐ Delete
NAME HEGGESTAD, ARNOLD A
STREET ADDRESS 321 SHIZIN HALL, UNIV OF FL
CITY-ST-ZIP GAINESVILLE FL 32611

TITLE D ☐ Delete
NAME ARONSON, DAN
STREET ADDRESS 515 E LAS OLAS BLVD, STE 1500
CITY-ST-ZIP FT LAUDERDALE FL 33301

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

TITLE DO ☒ Delete
NAME JONES, WILLIAM
STREET ADDRESS 390 N ORANGE AVE SUITE 1300
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Treasurer ☐ Change ☐ Addition
NAME Marc Ventura
STREET ADDRESS 390 N. Orange Ave., Suite 1300
CITY-ST-ZIP Orlando, FL 32801

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED Marc Ventura

4/19/01

407/316-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)