

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90125 013 \*\*\*\*70.00

**DOCUMENT # N94000004926**

1. Entity Name

**CYPRESS PLACE, INC.**

Principal Place of Business

2560 N. STATE RD 7  
 HOLLYWOOD FL 33021

Mailing Address

2560 N. STATE RD 7  
 HOLLYWOOD FL 33021

00007000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0480744**

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

7. Name and Address of New Registered Agent

**GINSBERG, YVONNE**  
**3121 N.52 AVENUE**  
**HOLLYWOOD FL 33024**

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

TITLE NAME	PD GRIFFIN, JOSEPH	<input type="checkbox"/> Delete
STREET ADDRESS	1600 S.W. 9 ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE NAME	VD STAR, ROBIN M	<input type="checkbox"/> Delete
STREET ADDRESS	9788 N.W. 15 ST.	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE NAME	TD GOOD, BARBARA	<input type="checkbox"/> Delete
STREET ADDRESS	2224 S.E. 20 ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE NAME	SD EISNER, ANN M	<input type="checkbox"/> Delete
STREET ADDRESS	7330 LA RESERVE CIRCLE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE NAME	D GIBSON, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS	17600 N.W. 9 PL.	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE NAME	D GURLAND, CAROLINE A	<input type="checkbox"/> Delete
STREET ADDRESS	4401 N. HILLS DR.	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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~~ **YVONNE GINSBERG** Exec Dir.  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)