

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90184 028 \*\*\*\*61.25

**DOCUMENT # N96000001210**

1. Entity Name

**CYPRESS POINTE CHURCH, INC.**

Principal Place of Business

Mailing Address

2440 W SR 426  
 OVIEDO FL 32765  
 US

2440 W SR 426  
 OVIEDO FL 32765-7633  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3383490**

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

**LACICH, DANIEL M**  
**1010 MAGEE CREEK CT NORTH**  
**OVIEDO FL 32765**

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  Delete  
 NAME **D**  
**MARION, SCOTT**  
 STREET ADDRESS **854 PALMETTO TERR**  
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE  Change  Addition  
 NAME *Director*  
*Wayne Lukens*  
 STREET ADDRESS *679 Benitawoods Court*  
 CITY-ST-ZIP *Winter Springs, FL 32708*

TITLE  Delete  
 NAME **D**  
**TAN, VIC**  
 STREET ADDRESS **1077 KELLY CREEK CIR**  
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE  Change  Addition  
 NAME *Director*  
*Chris Kavenagh*  
 STREET ADDRESS *720 Bentley Street*  
 CITY-ST-ZIP *Oviedo, FL 32765*

TITLE  Delete  
 NAME **D**  
**TUCHTEN, STEVE**  
 STREET ADDRESS **473 LAKEPARK TRAIL**  
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 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 employment.

SIGNATURE:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-2000 (407)539-2882

Date

Daytime Phone #