FROM : CYPRESS HOUSING FAX NO. : 8502244062 5/2

FILED
Jun 19, 2001 8:00 am
Secretary of State
05-02-2001 90102 041 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005541

1. Entity Name

CYPRESS HOUSING, INC.

Principal Place of Business	Mailing Address
326 E. PARK AVENUE TALLAHASSEE FL 32301	326 E. PARK AVENUE TALLAHASSEE FL 32301

[redacted]

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 52-2080892 ☐ Applied For ☐ Not Applicable

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
SHELFER, JAMES D 1300 THOMASWOOD DRIVE TALLAHASSEE FL 32312	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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 STREET ADDRESS CITY-ST-ZIP	VPD LEACH, HUGH U "D" 930 CAMBRIA STREET CHRISTANSBURG VA 24073	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOEBEL, THEODORE "D" 930 CAMBRIA STREET CHRISTANSBURG VA 24073	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MACKIE, SALLY "D" 930 CAMBRIA STREET CHRISTANSBURG VA 24073	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Jeffrey K. Reed, Controller 4/27/01 (540) 382-2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SIGNATURE: Theodore Koebel, President 06/15/01 (540)382-2002