

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90143 011 ****61.25

DOCUMENT # N97000005541

1. Entity Name

CYPRESS HOUSING, INC.

Principal Place of Business

Mailing Address

**926 E. PARK AVENUE
TALLAHASSEE FL 32301**

**926 E. PARK AVENUE
TALLAHASSEE FL 32301**

B0113140

2. Principal Place of Business

3. Mailing Address

500 E. Altamonte Dr.

← SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 210

City & State

Altamonte Springs, Fl.

Zip

USA

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

**SHELPER, JAMES O
1300 THOMASWOOD DRIVE
TALLAHASSEE FL 32312**

Name

Frances James

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

500 E. Altamonte Drive

Ste. 210

City

Altamonte Springs

FL

Zip Code

32701

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 **Frances James, Registered Agent**

4/22/2002

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 LEACH, HUGH U**
STREET ADDRESS **930 CAMBRIA STREET**
CITY-ST-ZIP **CHRISTANSBURG VA 24073**

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

TITLE ☐ Delete
NAME **D KOEBEL, THEODORE**
STREET ADDRESS **930 CAMBRIA STREET**
CITY-ST-ZIP **CHRISTANSBURG VA 24073**

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

TITLE ☐ Delete
NAME **D MACKIE, SALLY**
STREET ADDRESS **930 CAMBRIA STREET**
CITY-ST-ZIP **CHRISTANSBURG VA 24073**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **P Janaka Casper**
STREET ADDRESS **930 Cambria St NE**
CITY-ST-ZIP **Christiansburg, VA. 24073**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Sgt Jeffrey K. Reed**
STREET ADDRESS **903 Cambria St.**
CITY-ST-ZIP **Christiansburg, VA. 24073**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VP Robert J. Adams**
STREET ADDRESS **33 South 13th St.**
CITY-ST-ZIP **Richmond, VA. 23219**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/02 540 382 2002

CR2E037 (9/01)