

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004574

1. Entity Name

CYPRESS CREEK ACADEMY PRIVATE SCHOOL, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90035 042 ****61.25

Principal Place of Business

Mailing Address

2895 HILLTOP RD. #2
ST. AUGUSTINE FL 32086

2895 HILLTOP RD. #2
ST. AUGUSTINE FL 32086-5039



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2895 Hilltop Rd. #2
Suite, Apt. #, etc.
St. Augustine, Florida
City & State
32086 St. Johns
Zip Country

2895 Hilltop Rd. #2
Suite, Apt. #, etc.
St. Augustine, Florida
City & State
32086 St. Johns
Zip Country

4. FEI Number

☐ 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

OESTER, CINDY G
2895 HILLTOP RD. #2
ST. AUGUSTINE FL 32086

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

Cindy G. Oester - Cindy G. Oester

3/23/00

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 DP
NAME OESTER, CINDY G
STREET ADDRESS 2895 HILLTOP RD. #2
CITY-ST-ZIP ST. AUGUSTINE FL 32086 ☐ Delete

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

TITLE DV
NAME OESTER, CHARLES H
STREET ADDRESS 2895 HILLTOP RD. #2
CITY-ST-ZIP ST. AUGUSTINE FL 32086 ☐ Delete

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

TITLE DS
NAME HARPER, KATHRYN
STREET ADDRESS 2895 HILLTOP RD. #2
CITY-ST-ZIP ST. AUGUSTINE FL 32086 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Cindy G. Oester - Cindy G. Oester

3/23/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (9/99)