

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90117 041 ***150.00

DOCUMENT # P00000007904

1. Entity Name
CYPRESS COLONY, INC.



Principal Place of Business
**4401 VINELAND ROAD
SUITE A 16-17
ORLANDO FL 32811**

Mailing Address
**4401 VINELAND ROAD
SUITE A 16-17
ORLANDO FL 32811**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3624708

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

**NEUKAMM, MICHAEL E
301 E. PINE ST.
ORLANDO FL 32801**

Name
GREG WRIGHT

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

4401 Vineland Rd. suite A-16

City
ORLANDO

FL

Zip Code
32811

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/14/03

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCINTYRE, THOMAS E
2250 N. ORANGE BLOSSOM TR.
ORLANDO FL 32804** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Wilson, Charles H Jr
2833 Butler Bay Dr N
WINDERMERE, FL 34786** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WALKER, LARRY K
2250 N. ORANGE BLOSSOM TR.
ORLANDO FL 32804** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**O
WRIGHT, GREG
2227 Lake Villa
ORLANDO, FL 32835** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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 607, 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

3/14/03

Date

407-839-2001

Daytime Phone #

CR2E034 (10/02)