2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 08:00 AM
Secretary of State

DOCUMENT # **P00000025957**

1. Entity Name
CYPRESS CASE & RISK MANAGEMENT, INC.

Principal Place of Business	Mailing Address
C/O JOEL E/ JACOBSON, L.L.C. 3300 UNIVERSITY DR SUITE 504 CORAL SPRINGS FL 330654131	C/O JOEL E/ JACOBSON, L.L.C. 3300 UNIVERSITY DR SUITE 504 CORAL SPRINGS FL 330654131

2. Principal Place of Business	3. Mailing Address
1451 W. CYPRESS CREEK ROAD	1451 W. CYPRESS CREEK ROAD
Suite, Apt. #, etc.: SUITE 300	Suite, Apt. #, etc.: SUITE 300
City & State: FT. LAUDERDALE FL	City & State: FT. LAUDERDALE FL
Zip: 33309 Country: US	Zip: 33309 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0994625** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JACOBSON JOEL E
3300 UNIVERSITY DR
SUITE 504
CORAL SPRINGS FL
330654131 US

7. Name and Address of New Registered Agent

Name: ISABEL LEHRMAN CPRES
Street Address (P.O. Box Number is Not Acceptable): 1451 W. CYPRESS CREEK ROAD
SUITE 300
City: FT. LAUDERDAEL FL Zip Code: 33309

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 **ISABEL LEHRMAN** 04/27/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	PILE V J	
STREET ADDRESS	6300 ADAMS ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	☐ Delete
NAME	LEHRMAN ISABEL	
STREET ADDRESS	5851 HOLMBERG RD #3826	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (11/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISABEL LEHRMAN PRES 04/27/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #