

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000087902

1. Entity Name

CYPRESS GARDENS OF FORT MYERS, INC.

Principal Place of Business

3225 AVIATION AVE., 7TH FL.  
COCONUT GROVE FL 33133

Mailing Address

3225 AVIATION AVE., 7TH FL.  
COCONUT GROVE FL 33133

2. Principal Place of Business

c/o Hinman Straub, P.C.

Suite, Apt. #, etc.

121 State Street

City & State

Albany, NY

Zip

12207

Country

USA

3. Mailing Address

c/o Hinman Straub, P.C.

Suite, Apt. #, etc.

121 State Street

City & State

Albany, NY

Zip

12207

Country

USA

4. FEI Number

- APPLIED FOR -

14-1835822

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAMENESH, ESQ, PETER Z-

3225 AVIATION AVE., 7TH FL

COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name

Bolanos Truxton, P.A.

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

12800 University Drive

Suite 340

City

Ft. Myers

FL

Zip Code

33907

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

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

Officer of

Bolanos Truxton, P.A.

4/30/02

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, 2002 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  
NAME RILEY, PATRICK J  
STREET ADDRESS 3225 AVIATION AVE., 7TH FL  
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE D  
NAME RILEY, CHRISTINE C  
STREET ADDRESS 3225 AVIATION AVE., 7TH FL  
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 121 State Street  
Albany, NY 12207

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 121 State Street  
Albany, NY 12207

TITLE D  
NAME John R. Aldrich  
STREET ADDRESS 121 State Street  
CITY-ST-ZIP Albany, NY 12207

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

Date

518-436-0257

Daytime Phone #

FILED  
Jun 02, 2002 8:00 am  
Secretary of State

05-09-2002 90081 030 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)