

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000074116

1. Entity Name

CYPRESS INSURANCE GROUP, INC.

Principal Place of Business

Mailing Address

5800 N. ANDREWS AVE
FT. LAUDERDALE FL 33309
US

P.O. DRAWER 9328
FT. LAUDERDALE FL 33310
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0525578

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

BOND, ROGER G.
5800 N. ANDREWS AVENUE
FORT LAUDERDALE FL 33309

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME BOND, ROGER G
STREET ADDRESS 3111 NE 57TH ST
CITY-ST-ZIP FT LAUDERDALE FL 33308

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

TITLE VP ☐ Delete
NAME BOWMAN, JERRY K
STREET ADDRESS 717 NE 3RD ST
CITY-ST-ZIP POMPANO BEACH FL

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

TITLE VP ☐ Delete
NAME PRICE, RONALD F
STREET ADDRESS 2495 SE 7 DR
CITY-ST-ZIP POMPANO BEACH FL

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

TITLE TS ☐ Delete
NAME BOND, TERRY A
STREET ADDRESS 3111 NE 57TH ST
CITY-ST-ZIP FT LAUDERDALE FL 33308

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

TITLE VP ☐ Delete
NAME BOWMAN, J. K
STREET ADDRESS 4251 NE 24TH AVE
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

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

TITLE VP ☐ Delete
NAME BRUCE TAYLOR
STREET ADDRESS 1451 SW 68TH AVE.
CITY-ST-ZIP PLANTATION FL

TITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90059 038 ***150.00

700313



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

0252286