

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90165 001 ***150.00

DOCUMENT # P94000074116

1. Entity Name
CYPRESS INSURANCE GROUP, INC.



Principal Place of Business
5800 N. ANDREWS AVE
FT. LAUDERDALE FL 33309
US

Mailing Address
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

4. FEI Number 65-0525578

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

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. 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)

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

☐ Change ☐ Addition
TITLE
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**

☐ Change ☐ Addition
TITLE
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**

☒ Change ☐ Addition
TITLE **VP**
NAME **RONALD F PRICE**
STREET ADDRESS **5110 NE 27 AVE**
CITY-ST-ZIP **Lighthouse Point, FL 33064**

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

☐ Change ☐ Addition
TITLE
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**

☒ Change ☐ Addition
TITLE **VP**
NAME **J. Keith Bowman**
STREET ADDRESS **2331 NE 33rd Street**
CITY-ST-ZIP **Lighthouse Point, FL 33064**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition
TITLE **VP**
NAME **Debbie Arciola**
STREET ADDRESS **1351 NE 48 COURT**
CITY-ST-ZIP **Oakland Park, FL 33334**

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

Date

Daytime Phone

CR2E034 (10/02)

Attachment

P94000074116

Addition to Document# P94000074116
CYPRESS INSURANCE GROUP, INC.
5800 N. Andrews Avenue
Ft. Lauderdale, FL 33309

80065750

BOX 11- ADDITIONS

VP
Terry Robinson
2370 NE 7th Place
Ft. Lauderdale, FL 33304

VP
Steven Breitbart
5715 SW 88th Avenue
Cooper City, FL 33328
