

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000067020

1. Entity Name

THE RESERVE AT CYPRESS POINT, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90082 019 ***150.00

Principal Place of Business

Mailing Address

110 GRAND PALMS DRIVE
PEMBROKE PINES FL 33207

P O BOX 17437
PEMBROKE PINES FL 33318-7437
US

2. Principal Place of Business

8832 Grey Hawk Point

3. Mailing Address

8832 Grey Hawk Point

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO FL

Zip

32836

Country

Zip

32836

Country

4. FEI Number

65-0608890

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEGALL, E.M.
110 GRAND PALMS DRIVE
PEMBROKE PINES FL 33207

7. Name and Address of New Registered Agent

Name CASEY HERLITY

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

7912 MARBELLA CT

City ORLANDO

FL

Zip Code 32836

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)

3/24/00

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, 2000 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 VP
NAME SEGALL, E.M.
STREET ADDRESS 110 GRAND PALMS DRIVE
CITY-ST-ZIP PEMBROKE PINES FL 33207 ☐ Delete

TITLE DP
NAME SEGALL, E M
STREET ADDRESS 110 GAND PALM DR
CITY-ST-ZIP PEMBROKE PINES FL 33027 ☐ Delete

TITLE VPST
NAME SEGALL, ALAN M
STREET ADDRESS 110 GRAND PALMS DR
CITY-ST-ZIP PEMBROKE PINES FL 33027 ☐ Delete

TITLE T
NAME HERLITY, CASEY
STREET ADDRESS 8832 GREY HAWK PT
CITY-ST-ZIP ORLANDO FL 32836 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE T
NAME ALAN M SEGALL
STREET ADDRESS 110 GRAND PALMS DR
CITY-ST-ZIP PEMBROKE PINES, FL 33027 ☒ Change ☐ Addition

TITLE VP
NAME CASEY HERLITY
STREET ADDRESS 8832 GREY HAWK POINT
CITY-ST-ZIP ORLANDO FL 32836 ☐ Change ☐ Addition

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

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

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

3/24/00

Date

407-826-0577

Daytime Phone #

CR2E034 (9/99)