

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000067020

1. Entity Name
THE RESERVE AT CYPRESS POINT, INC.

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90163 029 ***150.00

0074767

Principal Place of Business
8832 GREY HAWK POINT
ORLANDO FL 32836

Mailing Address
8832 GREY HAWK POINT
ORLANDO FL 32836
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



DO NOT WRITE IN THIS SPACE

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

HERLITY, CASEY
7912 MARBELLA CT
ORLANDO FL 32836

7. Name and Address of New Registered Agent

Name HERLITY CASEY
Street Address (P.O. Box Number is Not Acceptable)
SAME
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 C. Herlity 3/21/01
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	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGALL, E.M.		NAME		
STREET ADDRESS	110 GRAND PALMS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33207		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGALL, E M		NAME		
STREET ADDRESS	110 GAND PALM DR		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33027		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGALL, ALAN M		NAME		
STREET ADDRESS	110 GRAND PALMS DR		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33027		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERLITY, CASEY		NAME	HERLITY, CASEY	
STREET ADDRESS	8832 GREY HAWK PT		STREET ADDRESS	7912 MARBELLA CT	
CITY-ST-ZIP	ORLANDO FL 32836		CITY-ST-ZIP	ORLANDO, FL 32836	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: C. Herlity Casey Herlity 3/21/01 407-876-0729
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)