2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PLES OF THE

SIGNATURE:

FILED Jan 16, 2001 8:00 am Secretary of State DOCUMENT # P95000091805 1. Entity Name CYPRESS COVE AT PELICAN BAY, INC. 01-16-2001 90074 040 ***150 00 Principal Place of Business Mailing Address 1 CORMORANT CIRCLE P.O. BOX 915302 BULLI DAYTONA BEACH FL 32119 LONGWOOD FL 32791 2. Principal Place of Business 3. Mailing Address 933 BEVILLE 120AD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 50 TE 103- F City & State Applied For City & State 4. FEI Number 59-3351578 SOUTH DAYTONA Not Applicable ^{Zip}32119 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent للمحال التعلقات ويعاف والمحالات والمحالات والمحالات ANSBACHER, LEWIS Street Address (P.O. Box Number is Not Acceptable) 5150 BELFORT ROAD **BLDG. 100** JACKSONVILLE FL 32256 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. DVS Change ☐ Addition TITLE TITLE Delete WINSTON SCHWARTZ, WINSTON NAME SCHWAZTZ, NAME 933 BEVILLE ROAD SVITE 103 F STREET ADDRESS 1 CORMORANT CIRCLE STREET ADDRESS CITY-ST-ZIP SOUTH DAY TUNA CITY-ST-ZIP FL 32119 DAYTONA BEACH FL 32119 TITLE DPT ☐ Delete DPT ☐ Change ADLEY, JAMIE NAME ADLEY, JAMIE 933 BEVILLE ROAD, SVITE 103-F STREET ADDRESS STREET ADDRESS 1 CORMORANT CIRCLE CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32119 SOUTH DAYTONA. FL TITLE ☐ Defete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DTLE ☐ Delete Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ 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