

2000 UNIFORM BUSINESS REPORT (UBR)

108

DOCUMENT # P96000077890

1. Entity Name

MDG-CPR CYPRESS GLEN, INC.

FILED

00 JUN 19 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3838 N. TAMiami TRAIL
SUITE 414
NAPLES FL 34103
US

Mailing Address

3838 N. TAMiami TRAIL
SUITE 414
NAPLES FL 34103-3586
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

65-0097893

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

KLOHN, WILLIAM
3838 N. TAMiami TRAIL #414
NAPLES FL 34103

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KLOHN, WILLIAM L
3838 N TAMiami TRAIL #414
NAPLES FL 34103 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400003314254-4
-07/06/00--01008--006
***1200.00 ***150.00 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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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:

W. Kohn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00

Date

941 262-5533

Daytime Phone #

2062

June 16, 2000

Florida Department of Revenue
Division of Corporations
Attn: Leslie Sellers
PO Box 6327
Tallahassee, Florida 32314

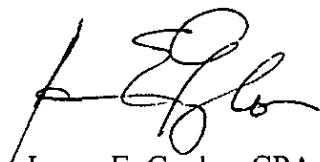
Re: Lost Annual Reports

Dear Ms. Sellers:

Pursuant to our telephone conversation yesterday, I am enclosing copies of the eight 2000 Uniform Business Reports and a replacement check for the fee. To refresh your memory, I spoke to you about the problem that became apparent when I discovered that the eight original checks (dated April 14, 2000) used to pay the fees were still outstanding and are apparently lost.

Thank you for your help and understanding in this matter.

Yours truly



James E. Gaylor, CPA
Chief Financial Officer

enclosures

BRANCH LOCATIONS