

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

081700

DOCUMENT # P96000102727

1. Entity Name

THE LANDINGS AT CYPRESS MEADOWS CORPORATION ✓

00 AUG 21 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
401 Providence Road
Brandon, FL 33511

Mailing Address
401 Providence Road
Brandon, FL 33511

2. Principal Place of Business
6000 Compton Estates Way
Suite, Apt. #, etc.

3. Mailing Address
6000 Compton Estates Way
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
59-3420168

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Inglis, John S.
Shumaker, Loop & Kendrick, LLP
101 E. Kennedy Blvd., Suite 2800
Tampa, FL 33602

7. Name and Address of New Registered Agent

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 _____ (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 D <input type="checkbox"/> Delete	NAME Wilf, Leonard	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 820 Morris Turnpike	CITY-ST-ZIP Short Hills, NJ 07078	NAME 100003368641-0	-08/23/00-01045-009
TITLE D <input type="checkbox"/> Delete	NAME Wilf, Zygmunt	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 820 Morris Turnpike	CITY-ST-ZIP Short Hills, NJ 07078	NAME	***1091.25 ****550.00
TITLE D <input type="checkbox"/> Delete	NAME Wilf, Mark	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 820 Morris Turnpike	CITY-ST-ZIP Short Hills, NJ 07078	NAME	
TITLE D <input type="checkbox"/> Delete	NAME Kinsler, Warren	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 401 Providence Road	CITY-ST-ZIP Brandon, FL 33511	NAME	6000 Compton Estates Way
TITLE D <input type="checkbox"/> Delete	NAME Razzano, Frank	STREET ADDRESS Tampa, FL 33647	
STREET ADDRESS 875 Hoover Blvd	CITY-ST-ZIP New Brunswick, NJ 08902	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		TITLE	
		NAME	
		STREET ADDRESS	
		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: By  Warren Kinsler, Director

Date: 8/14/2000 Daytime Phone #: 813/910-7914

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