2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P97000016154 Apr 22, 2000 8:00 am Secretary of State 1. Entity Name CYPRESS REAL ESTATE HOLDINGS, INC. 04-22-2000 90007 007 ***150.00 Principal Place of Business Mailing Address 115 MARKS STREET 115 MARKS STREET ORLANDO FL 32803 ORLANDO FL 32803-3816 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3470177 Not Applicable 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 Name MARSHALL, BYRD F JR Street Address (P.O. Box Number is Not Acceptable) 201 E PINE STREET **SUITE 1200** ORLANDO FL 32803 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. DATE Signature, typed or printed name of registered agent and title if applicable (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 8e After MAY 1, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12. TITLE Addition TITLE Delete MCINTYRE, THOMAS NAME NAME 2250 N. ORANGE BLOSSOM TE. STREET ADDRESS 115 MARKS STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32803 Change ☐ Addition TITLE ☐ Delete TITLE WAKER, LARRY NAME NAME 7750 N. ORANGE BLOSSOM TR. 115 MARKS STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32803 ☐ Addition Delete TITLE PFAFF, JOSEPH NAME NAME 2250 N. ORANGE BLOSSOM TR. 115 MARKS STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32803 CITY-ST-ZIP ☐ Delete Change Addition 7 ITIT TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE 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

TITI F

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

Addition