

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000052981

1. Entity Name

CYPRESS RESTAURANTS OF GEORGIA, INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90012 001 \*\*\*750.00

Principal Place of Business

Mailing Address

115 MARKS STREET  
ORLANDO FL 32803

115 MARKS STREET  
ORLANDO FL 32803-3816

9230



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2250 N. ORANGE BLOSSOM TR.  
Suite, Apt. #, etc.

2250 N. ORANGE BLOSSOM TR.  
Suite, Apt. #, etc.

City & State  
Orlando, FL

City & State  
Orlando, FL

4. FEI Number 58-2325037

Applied For  
Not Applicable

Zip  
32804

Country  
USA

Zip  
32804

Country  
USA

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

MARSHALL, BYRD F JR.  
201 EAST PINE STREET  
SUITE 1200  
ORLANDO FL 32802

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 D  
NAME MCINTYRE, THOMAS E  
STREET ADDRESS 115 MARKS STREET  
CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2250 N. ORANGE BLOSSOM TR.  
CITY-ST-ZIP ORLANDO, FL 32804

TITLE D  
NAME WALKER, LARRY K  
STREET ADDRESS 115 MARKS STREET  
CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2250 N. ORANGE BLOSSOM TR.  
CITY-ST-ZIP ORLANDO, FL 32804

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00  
Date

(407) 839-3939  
Daytime Phone #

CR2E034 (9/99)