

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-26-2000 90012 001 ***750.00

DOCUMENT # P97000055622

1. Entity Name
CYPRESS APOPKA, INC.

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

City & State City & State
ORLANDO FL ORLANDO FL
 Zip Country Zip Country
32804 USA 32804 USA

4. FEI Number **59-3457194** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MARSHALL, BYRD F JR
201 E. PINE STREET
SUITE 1200
ORLANDO FL 32802

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 _____
 Signature, typed or printed name of registered agent and title if applicable.

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		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCINTYRE, THOMAS E		NAME		
STREET ADDRESS	115 MARKS STREET		STREET ADDRESS	2250 N. ORANGE BLOSSOM TRAIL	
CITY-ST-ZIP	ORLANDO FL 32803		CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALKER, LARRY K		NAME		
STREET ADDRESS	115 MARKS STREET		STREET ADDRESS	2250 N. ORANGE BLOSSOM TRAIL	
CITY-ST-ZIP	ORLANDO FL 32803		CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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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.

SIGNATURE: **SIGNATURE REQUIRED** **3/27/00 (407) 839-3939**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
LARRY K. WALKER

CR2E034 (9/99)