

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90342 009 ***158.75

DOCUMENT # **P97000069071**

1. Entity Name
STERLING CYPRESS, INC.

Principal Place of Business

Mailing Address

~~209 PHIPPS PLAZA~~
~~PALM BEACH FL 33480~~

~~209 PHIPPS PLAZA~~
~~PALM BEACH FL 33480~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

One North Clematis St.
 Suite, Apt. #, etc.
Suite 305

One North Clematis St.
 Suite, Apt. #, etc.
Suite 305

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

4. FEI Number **65-0782611**

Applied For
 Not Applicable

Zip
33401

Country
USA

Zip
33401

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

KOSOY, BRIAN D

~~209 PHIPPS PLAZA~~
~~PALM BEACH FL 33480~~

Name

Street Address (P.O. Box Number is Not Acceptable)

One North Clematis St. # 305

City

West Palm Beach

FL

Zip Code

33401

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, 2002 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
DP
KOSOY, BRIAN D
~~209 PHIPPS PLAZA~~
~~PALM BEACH FL 33480~~

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
One North Clematis St.
Suite 305
West Palm Beach, FL 33401

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VD
MOROSS, GREGORY S
~~209 PHIPPS PLAZA~~
~~PALM BEACH FL 33480~~

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
One North Clematis St. # 305
West Palm Beach, FL. 33401

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DVS
CORKERY, THOMAS J
2304-A WINTER WOODS BLVD
WINTER PARK FL 32792

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DVT
SHREEVE, DAVID J
~~209 PHIPPS PLAZA~~
~~PALM BEACH FL 33480~~

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
One North Clematis St.
305
West Palm Beach, FL 33401

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DV
COSTELLO, VINCENT J
~~209 PHIPPS PLAZA~~
~~PALM BEACH FL 33480~~

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
One North Clematis St. # 305
West Palm Beach, FL 33401

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN D. Kosoy
President

Date

Daytime Phone #

4-10-02 561-835-1810

CR2E034 (9/01)