

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

04-26-2000 90013 001 \*\*\*600.00

9238



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P98000000710**

**1. Entity Name**  
**CYPRESS REAL ESTATE HOLDINGS IV, INC.**

<b>Principal Place of Business</b> 115 MARKS STREET ORLANDO FL 32803	<b>Mailing Address</b> 115 MARKS STREET ORLANDO FL 32803-3816
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<b>2. Principal Place of Business</b> 2250 N. ORANGE BLOSSOM TR. Suite, Apt. #, etc.	<b>3. Mailing Address</b> 2250 N. ORANGE BLOSSOM TR. Suite, Apt. #, etc.
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<b>City &amp; State</b> ORLANDO, FL	<b>City &amp; State</b> ORLANDO, FL
<b>Zip</b> 32804	<b>Country</b> USA

<b>4. FEI Number</b> 59-3487692	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

RODGERS, RICHARD A  
 201 EAST PINE STREET  
 SUITE 1200  
 ORLANDO FL 32803

**7. Name and Address of New Registered Agent**

<b>Name</b>
<b>Street Address (P.O. Box Number is Not Acceptable)</b>
<b>City</b>
<b>FL</b> <b>Zip Code</b>

**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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete
<b>NAME</b>	MCINTYRE, THOMAS
<b>STREET ADDRESS</b>	115 MARKS STREET
<b>CITY-ST-ZIP</b>	ORLANDO FL 32803
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete
<b>NAME</b>	WALKER, LARRY
<b>STREET ADDRESS</b>	115 MARKS STREET
<b>CITY-ST-ZIP</b>	ORLANDO FL 32803
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	2250 N. ORANGE BLOSSOM TR.
<b>CITY-ST-ZIP</b>	ORLANDO, FL 32804
<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	2250 N. ORANGE BLOSSOM TR.
<b>CITY-ST-ZIP</b>	ORLANDO, FL 32804
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** LARRY K. WALKER **03/28/00** **(467) 839-3939**

CR2E034 (9/99)