

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**  
 05-02-2002 90126 027 \*\*\*150.00

**DOCUMENT # P98000000716**

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

**Principal Place of Business**  
**2250 N. ORANGE BLOSSOM TRAIL**  
**ORLANDO FL 32804**

**Mailing Address**  
**2250 N. ORANGE BLOSSOM TRAIL**  
**ORLANDO FL 32804**

**2. Principal Place of Business**

**3. Mailing Address**

**4401 Vineland Road, Suite A16-17**  
**Orlando, Florida 32811**

**4401 Vineland Road, Suite A16-17**  
**Orlando, Florida 32811**



DO NOT WRITE IN THIS SPACE

**4. FEI Number** **59-3487702**

**Applied For**  
**Not Applicable**

**Zip**

**Country**

**Zip**

**Country**

**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**

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

**301 E. Pine St.**

**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, 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** **D** ☐ Delete  
**NAME** **MCINTYRE, THOMAS**  
**STREET ADDRESS** **2250 N. ORANGE BLOSSOM TRAIL**  
**CITY-ST-ZIP** **ORLANDO FL 32804**

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

**TITLE** **D** ☐ Delete  
**NAME** **WALKER, LARRY**  
**STREET ADDRESS** **2250 ORANGE BLOSSOM TRAIL**  
**CITY-ST-ZIP** **ORLANDO FL 32804**

**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**

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**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:**

**THOMAS E. McIntyre**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-10-02**  
 Date

**(407) 839 3939**  
 Daytime Phone #

CR2E034 (9/01)