

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016517

1. Entity Name

NORTH FLORIDA CYPRESS, INC.

FILED
Sep 08, 2000 8:00 am
Secretary of State

09-08-2000 90006 001 ***550.00

Principal Place of Business

ROUTE 1 BOX 2000
 PALATKA FL 32177

Mailing Address

ROUTE 1 BOX 2000
 PALATKA FL 32177

2. Principal Place of Business

3816 Reid Street

Suite, Apt. #, etc.

3. Mailing Address

3816 Reid Street

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palatka FLORIDA

City & State

Palatka FLORIDA

4. FEI Number

59-3493234

Applied For

Not Applicable

Zip

32177

Country

Zip

32177

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

CLAPP, KATHRYN A
 RT. 8 BOX 2000
 PALATKA FL 32177

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE PD ☐ Delete
 NAME CLAPP, KATHRYN A
 STREET ADDRESS ROUTE 1 BOX 2000
 CITY-ST-ZIP PALATKA FL 32177

TITLE VD ☐ Delete
 NAME ALFORD, BRYAN T
 STREET ADDRESS ROUTE 1 BOX 2000
 CITY-ST-ZIP PALATKA FL 32177

TITLE STD ☐ Delete
 NAME ALFORD, CHARLES E JR
 STREET ADDRESS ROUTE 1 BOX 2000
 CITY-ST-ZIP PALATKA FL 32177

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-7-00 904-325-7330