

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031003

1. Entity Name

CYPRESS UNDERWRITERS, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90136 025 \*\*\*150.00

Principal Place of Business

Mailing Address

3588 CYPRESS WOOD CT.  
LAKE WORTH FL 33467

3588 CYPRESS WOOD CT.  
LAKE WORTH FL 33467-2314

2. Principal Place of Business

145 NW Central Park Plaza

3. Mailing Address

145 NW Central Park Plaza

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

102

City & State

Port St. Lucie, FL

City & State

Port St. Lucie, FL

Zip

34986

Country

USA

Zip

34986

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0834267

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHAPMAN, RONALD E  
2588 CYPRESS WOOD COURT  
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

Name

Chapman, Ronald E

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

145 NW Central Park Plaza #102

City

Port St. Lucie

FL

Zip Code  
34986

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 Ronald E. Chapman

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

*Ronald E. Chapman*

(NOTE: Registered Agent signature required when reinstating)

17 Apr 2000

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  
Trust Fund Contribution, ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CHAPMAN, RONALD E	
STREET ADDRESS	3588 CYPRESS WOOD CT	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronald E. Chapman	
STREET ADDRESS	145 NW Central Park Plaza #102	
CITY-ST-ZIP	Port St. Lucie, FL 34986	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Francis X. McCahill, III	
STREET ADDRESS	145 NW Central Park Plaza #102	
CITY-ST-ZIP	Port St. Lucie, FL 34986	
TITLE	T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard K. Chapman	
STREET ADDRESS	145 NW Central Park Plaza #102	
CITY-ST-ZIP	Port St. Lucie, FL 34986	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Ronald E. Chapman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ronald E. Chapman*

17 Apr 2000

Date

561-336-9091

Daytime Phone #

CR2E034 (9/99)