

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071137

1. Entity Name

CYPRESS INSURANCE SERVICES, INC.

Principal Place of Business

13810 SUTTON PK DR N. STE 529
JAX FL 32224

Mailing Address

13810 SUTTON PK DR N. STE 529
JAX FL 32224-4248

2. Principal Place of Business

4309 Pablo Oaks Court

3. Mailing Address

4309 Pablo Oaks Court

Suite, Apt. #, etc.

Suite One

Suite, Apt. #, etc.

Suite One

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32224

Country

USA

Zip

32224

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD ☐ Delete
NAME FISHMAN, ALAN H
STREET ADDRESS 6 WILLOW PLACE
CITY-ST-ZIP BROOKLYN NY 11201

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

TITLE STD ☐ Delete
NAME CUDDY, BROOK L
STREET ADDRESS 200 EAST 66TH STREET #D-904
CITY-ST-ZIP NEW YORK NY 10021

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

TITLE D ☐ Delete
NAME WRAY, MARC T
STREET ADDRESS 314 EAST 82ND STREET #3FW
CITY-ST-ZIP NEW YORK NY 10028

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 308 East 82nd St #4W
CITY-ST-ZIP New York, NY 10028

TITLE VD ☐ Delete
NAME HARGER, GARY R
STREET ADDRESS 13810 SUTTON PK DR N. APT 421
CITY-ST-ZIP JAX FL 32224

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4632 Swilcan Bridge Lane S
CITY-ST-ZIP Jacksonville, FL 32224

TITLE D ☐ Delete
NAME GROVE, JOEL S
STREET ADDRESS 10 BAFFORD COURT
CITY-ST-ZIP GLEN ARM MD 21057

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

TITLE P ☐ Delete
NAME KLAITZ, DAVID J
STREET ADDRESS 117 LINKSIDE CIR
CITY-ST-ZIP PT VEDRA BCH FL 32082

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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

Date

904-992-4492

Daytime Phone #

CR2E034 (9/99)

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

04-26-2000 90061 038 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3540759 ☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required