

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90005 044 ***150.00

0316913

DOCUMENT # P98000078031

1. Entity Name

BIG CYPRESS LOG HOMES, INC.

Principal Place of Business

Mailing Address

~~6845 BIG CYPRESS DRIVE~~
JUPITER FL 33458

6845 BIG CYPRESS DRIVE
JUPITER FL 33458

2. Principal Place of Business

500 S. CYPRESS ROAD

3. Mailing Address

Suite, Apt. #, etc.

SUITE # 16

City & State

POMPANO BEACH

City & State

Zip

33060

Country

USA

Zip

Country

4. FEI Number 52-2123443

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KELLEY, CRAIG I

~~4420 BEACON CIRCLE, SUITE 100~~
~~WEST PALM BEACH FL 33407~~

7. Name and Address of New Registered Agent

Name

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

6845 BIG CYPRESS DRIVE

City

JUPITER

FL

Zip Code

33458

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, 2001 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 PD
NAME MILLER, MICHEAL M
STREET ADDRESS 500 S. CYPRESS RD., SUITE 16
CITY-ST-ZIP POMPAO BEACH FL 33060

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE VPD
NAME KELLEY, CRAIG I
STREET ADDRESS ~~4420 BEACON CIRCLE, SUITE 100~~
CITY-ST-ZIP ~~W. PALM BEACH FL 33407~~

☐ Delete

TITLE
NAME
STREET ADDRESS 6845 BIG CYPRESS DRIVE
CITY-ST-ZIP JUPITER, FL 33458

☒ Change ☐ Addition

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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:

Craig I. Kelley, VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/01

(561)684-5524

Daytime Phone #

CR2E034 (10/00)