

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 298000104647

Entity Name

CYPRESS SPRINGS VILLAGE S. CORP.

FILED

02 DEC 18 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11 CHURCH STREET		3. Mailing Address 11 CHURCH STREET	
Suite, Apt. #, etc. 200		Suite, Apt. #, etc. 200	
City & State TORONTO, ONTARIO		City & State TORONTO, ONTARIO	
Zip M5E 1W1	Country CANADA	Zip M5E 1W1	Country CANADA

DO NOT WRITE IN THIS SPACE
07-08-02 90228 030 \$550.00

4. FEI Number
98-0198965

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

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	DPS STEIN, MICHAEL 11 CHURCH STREET, STE 200 TORONTO, ON M5E 1W1
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP JACOBSON, RUSSELL 11 CHURCH STREET, STE 200 TORONTO, ON M5E 1W1
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP POWERS, THOMAS E 11 CHURCH STREET, STE 200 TORONTO, ON M5E 1W1
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP BHARUCHA, YAZDI 11 CHURCH STREET, STE 200 TORONTO, ON M5E 1W1
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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 on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUSSELL JACOBSON

JUL 3, 2002 416-861-5153

CR2E034B (12/01)

CYPRESS SPRINGS VILLAGE S. CORP.

11 CHURCH STREET
SUITE 200
TORONTO, ONTARIO
M5E 1W1

December 13th, 2002

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Attention: Sean Toner, Senior Section Administrator

Dear Mr. Toner:

Re: Letter Number: 202A00062801

We are in receipt of your letter dated November 20th, 2002. Our office did not receive a letter asking for corrections. I am attaching "Application for Reinstatement" forms received for the following corporation.

DOCUMENT NUMBER	FEI NUMBER	NAME
P98000104647	98-0198965	Cypress Springs Village S. Corp.

I was advised via telephone with your department that since the forms were previously filed and the relevant payment made, the only outstanding item was the Current Registered Agent Address.

The address should have been:

Mr. Ralph Smith
6003 Riverside Drive
Yankeetown, Florida
34498

Please note I have attached all the original form along with the reinstatement form.

I trust this meets your needs and that no fee is appropriate. I can be reached at 416-861-5753 if there are any queries.

Thanking you in advance for your cooperation.

Yours very truly,

Russell Jacobson

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke extending to the right.

Att.