

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105902

1. Entity Name

CYPRESS HOTEL HOLDING COMPANY

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

04-26-2000 90013 001 ***600.00

Principal Place of Business

Mailing Address

115 MARKS ST.
ORLANDO FL 32803

115 MARKS ST.
ORLANDO FL 32803-3816

2. Principal Place of Business

2250 N. ORANGE BLOSSOM TR.

Suite, Apt. #, etc.

3. Mailing Address

2250 N. ORANGE BLOSSOM TR.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32804

Country

USA

Zip

32804

Country

USA

4. FEI Number

59-3571898

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEUKAMM, MICHAEL E
201 E. PINE ST., STE. 1200
ORLANDO FL 32801

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 \$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 D
NAME MCINTYRE, THOMAS E
STREET ADDRESS 115 MARKS ST.
CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

TITLE D
NAME WALKER, LARRY K
STREET ADDRESS 115 MARKS ST.
CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 2250 N. ORANGE BLOSSOM TR.
CITY-ST-ZIP ORLANDO, FL 32804

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2250 N. ORANGE BLOSSOM TR.
CITY-ST-ZIP ORLANDO, FL 32804

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

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

3/28/00

Date

(407) 839-3939

Daytime Phone #

CR2E034 (9/99)