

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State
 04-04-2002 90005 008 ***150.00

0546215 AV

DOCUMENT # P99000001121

1. Entity Name
CYPRESS TURN ASSOCIATES, INC.

Principal Place of Business
36426 US HIGHWAY 19 NORTH
PALM HARBOR FL 34684

Mailing Address
36426 US HIGHWAY 19 NORTH
PALM HARBOR FL 34684



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10503 Barnstable Ct
 Suite, Apt. #, etc.

3. Mailing Address
10503 Barnstable Ct
 Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
59-3563691

Applied For
 Not Applicable

Zip Country
33626 USA

Zip Country
33626 USA

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

6. Name and Address of Current Registered Agent

REESE, MICHAEL K
36426 US HIGHWAY 19 NORTH
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

Name **Robert J. Primeau**
 Street Address (P.O. Box Number is Not Acceptable)
10503 Barnstable Ct
 City **Tampa** **FL** Zip Code **33626**

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 *Robert J. Primeau*
 Signature, typed or printed name of registered agent and title if applicable.

Robert J. Primeau
VP, D
 (NOTE: Registered Agent signature required when reinstating)

3-26-02
 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, 2002 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	<input checked="" type="checkbox"/> Delete
NAME	REESE, MICHAEL K	
STREET ADDRESS	36426 US HIGHWAY 19 NORTH	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	P	<input type="checkbox"/> Delete
NAME	BORK, JOHN	
STREET ADDRESS	36426 US 19 N	
CITY-ST-ZIP	PALM HARBOR FL 34684	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bork, John	
STREET ADDRESS	2712 Powell Lane	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	V.P. Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Primeau, Robert J	
STREET ADDRESS	10503 Barnstable Ct	
CITY-ST-ZIP	Tampa, FL 33626	
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: *Robert J. Primeau* **Robert J. Primeau**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
3-26-02 **727-452-8406**
 Date Daytime Phone #

CR2E034 (9/01)