

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 29, 2000 8:00 am**
Secretary of State

01-29-2000 90107 025 ***150.00

DOCUMENT # P99000015399

1. Entity Name

CYPRESS HEALTHCARE AND RESOURCE MANAGEMENT, INC.

Principal Place of Business

**6731 BLAKE PLEDGER COURT
NORTH FORT MYERS FL 33917**

Mailing Address

**POST OFFICE BOX 3580
NORTH FORT MYERS FL 33918-3580**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0898966

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****BROWN, CHERYL J
6731 BLAKE PLEDGER COURT
NORTH FORT MYERS FL 33917****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	PD	<input type="checkbox"/> Delete
NAME	BROWN, CHERYL J	
STREET ADDRESS	6731 BLAKE PLEDGER COURT	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEVITRE, JOHN	
STREET ADDRESS	2771 TEAL COURT	
CITY-ST-ZIP	ST. JAMES CITY FL 33956	
TITLE	TD	<input type="checkbox"/> Delete
NAME	O'BRIEN, DAVID	
STREET ADDRESS	16501 BRIARCLIFF LANE	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JONES, KEVIN	
STREET ADDRESS	15342 BRIAR RIDGE CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33912	
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"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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

Date

Daytime Phone #

941
543-7209