

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90155 046 \*\*\*150.00

**DOCUMENT # P99000031938**

1. Entity Name

**SUNSHINE STATE CYPRESS, INC.**

Principal Place of Business

Mailing Address

5300 HAYWOOD RUFFIN RD.  
ST. CLOUD FL 34771

5300 HAYWOOD RUFFIN RD.  
ST. CLOUD FL 34771-8255

2. Principal Place of Business

**POST OFFICE BOX 179**

Suite, Apt. #, etc.

3. Mailing Address

**POST OFFICE BOX 179**

Suite, Apt. #, etc.

City & State

**HOSFORD FLORIDA**

City & State

**HOSFORD FL**

4. FEI Number

**59-3580051**

Applied For

Not Applicable

Zip

**32334**

Country

**USA**

Zip

**32334**

Country

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

6. Name and Address of Current Registered Agent

**NORRIS, JOHN E**  
**201 N. MARION ST. STE. 301**  
**LAKE CITY FL 32055**

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	<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	
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 checked="" type="checkbox"/> Addition
NAME	<b>PRESIDENT &amp; DIRECTOR</b>
STREET ADDRESS	<b>WILLIAM C BELL</b>
CITY-ST-ZIP	<b>5300 HAYWOOD RUFFIN RD.</b>
	<b>ST. CLOUD FL 34771</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SECRETARY/TREASURER &amp; DIRECTOR</b>
STREET ADDRESS	<b>JAMES T. MASTIN</b>
CITY-ST-ZIP	<b>12121 SW 1 ST.</b>
	<b>MIRANDRY FL 32667</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VICE PRESIDENT &amp; DIRECTOR</b>
STREET ADDRESS	<b>HAYES MORRIS</b>
CITY-ST-ZIP	<b>PO BOX 1407</b>
	<b>LYNN HAVEN FL 32444</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DIRECTOR</b>
STREET ADDRESS	<b>THOMAS L. OYLER</b>
CITY-ST-ZIP	<b>951 N. LAKE SYBELIA DRIVE</b>
	<b>MAITLAND FL 32751</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DIRECTOR</b>
STREET ADDRESS	<b>WILLIAM ST. JAMES</b>
CITY-ST-ZIP	<b>PO BOX 3785</b>
	<b>CRESTED BUTTE CO 81224</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DIRECTOR</b>
STREET ADDRESS	<b>JOHN T. VOGEL</b>
CITY-ST-ZIP	<b>PO BOX 564</b>
	<b>SAN ANTONIO FLORIDA 33576</b>

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:

**James T. Mastin**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/00**  
Date

(352) 466-0925  
Daytime Phone #

CR2E034 (9/99)