

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90046 043 ***150.00

00010258



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000034387

1. Entity Name

CYPRESS BANK

Principal Place of Business

Mailing Address

CYPRESS POINT PARKWAY
 COAST FL

21 CYPRESS POINT PARKWAY
 PALM COAST FL 32164-7624

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

59-3572957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **Donald T. O'Brien Jr., CFO**

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

21 Cypress Point Parkway

City **Palm Coast**

FL

Zip Code **32164**

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

Donald T. O'Brien Jr.

Donald T. O'Brien Jr. CFO

1/18/2000

Signature, typed or printed name of registered agent and fee, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BAYLOR, ALBERT W	
STREET ADDRESS	RT #1 BOX 181-A	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHIUMENTO, MICHAEL D	
STREET ADDRESS	4B OLD KINGS RD N	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	D	<input type="checkbox"/> Delete
NAME	CREWS, C. SCOTT	
STREET ADDRESS	P.O. BOX 69	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIBBS, THOMAS L	
STREET ADDRESS	P.O. BOX 2030	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEYES, GERALD P	
STREET ADDRESS	1 FLORIDA PARK DR N STE 107	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, JOHN J	
STREET ADDRESS	220 PALM COAST PKWY SW	
CITY-ST-ZIP	PALM COAST FL 32137	

TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce E. Page	
STREET ADDRESS	21 Cypress Point Parkway	
CITY-ST-ZIP	Palm Coast, Florida 32164	
TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James E. Weite	
STREET ADDRESS	21 Cypress Point Parkway	
CITY-ST-ZIP	Palm Coast, Florida 32164	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James McNab	
STREET ADDRESS	P.O. BOX 1230	
CITY-ST-ZIP	Flagler Beach, Florida 32136	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael G. Maello, Jr	
STREET ADDRESS	P.O. Box 351458	
CITY-ST-ZIP	Palm Coast, Florida 32135	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edwin E. Prevatte	
STREET ADDRESS	1660 Lambert Ave.	
CITY-ST-ZIP	Flagler Beach, FL 32136	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Scullion	
STREET ADDRESS	18 San Marco Court	
CITY-ST-ZIP	Palm Coast, FL 32137	

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: *Bruce E. Page*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce E. Page, President 904-445-9344

Date

1/18/2000

Daytime Phone #

CR2E034 (9/99)