

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 04, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000034387**1. Entity Name
CYPRESS BANK

Principal Place of Business

21 CYPRESS POINT PARKWAY

PALM COAST

FL

Mailing Address

21 CYPRESS POINT PARKWAY

PALM COAST

FL

2. Principal Place of Business

21 CYPRESS POINT PARKWAY

3. Mailing Address

21 CYPRESS POINT PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PALM COAST

FL

City & State

PALM COAST

FL

4. FEI Number

59-3572957

Applied For

Not Applicable

Zip

32164

Country

Zip

32164

Country

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

0000

Name

O'BRIEN DONALD T.JR.

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.**

01/04/2001

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, 2001 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 ☐ Delete
NAME MARTIN JOHN J
STREET ADDRESS 220 PALM COAST PKWY SW
CITY-ST-ZIP PALM COAST FL 32137TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME KEYES GERALD P
STREET ADDRESS 1 FLORIDA PARK DR N STE 107
CITY-ST-ZIP PALM COAST FL 32137TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME GIBBS THOMAS L
STREET ADDRESS P.O. BOX 2030
CITY-ST-ZIP BUNNELL FL 32110TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME CREWS C. SCOTT
STREET ADDRESS P.O. BOX 69
CITY-ST-ZIP BUNNELL FL 32110TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME CHIUMENTO MICHAEL D
STREET ADDRESS 4B OLD KINGS RD N
CITY-ST-ZIP PALM COAST FL 32137TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME BAYLOR ALBERT W
STREET ADDRESS RT #1 BOX 181-A
CITY-ST-ZIP BUNNELL FL 32110TITLE ☐ 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: Donald T. O'Brien, Jr.

Mr.

01/04/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)