

2000 UNIFORM BUSINESS REPORT (UBR)

5/9

FILED

Jun 20, 2000 8:00 am
Secretary of State

05-09-2000 90045 006 ***150.00

DOCUMENT # P99000057502

1. Entity Name

CYPRESS MANOR ASSISTED LIVING FACILITY, INC. *R*

Principal Place of Business

Mailing Address

7459 ROYAL PALM BLVD
MARGATE FL 33063

7459 ROYAL PALM BLVD
MARGATE FL 33063-1208

2. Principal Place of Business

7459 Royal Palm Blvd

3. Mailing Address

7459 Royal Palm Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Margate Florida

City & State

Margate Florida

4. FEI Number

650929-411

Applied For

Not Applicable

Zip

Country

33063 - Broward

Zip

Country

33063 - Broward

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

EVANS, LURLINE M

7459 ROYAL PALM BLVD
MARGATE FL 33063

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME ADMINISTRATOR
STREET ADDRESS LURLINE EVANS
CITY-ST-ZIP 9360 NW 42 CT
SUNRISE FL 33351

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

Lurline Evans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

979-6893
Daytime Phone #

CR2E034 (9/99)