

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093970

Entity Name

CYPRESS KIDS CLUB, INC.

FILED

Mar 08, 2000 8:00 am  
Secretary of State

03-08-2000 90077 031 \*\*\*150.00

Principal Place of Business

2351 REGISTER RD.  
WINTER HAVEN FL 33884

Mailing Address

2351 REGISTER RD.  
WINTER HAVEN FL 33884-2217

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

59-3609458

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

ELMORE, CAROLYN A  
2351 REGISTER RD.  
WINTER HAVEN FL 33884

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

*Carolyn A. Elmore*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/3/00

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	Vice President	<input type="checkbox"/> Delete
NAME	Margaret Perryman	
STREET ADDRESS	2651 Hog Farm Road	
CITY-ST-ZIP	Polk City, Florida 33868	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Sally Chapman	
STREET ADDRESS	202 Overlook Drive	
CITY-ST-ZIP	Winter Haven, FL 33884	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Mary Ellis	
STREET ADDRESS	2050 East Edgewood Drive #48	
CITY-ST-ZIP	Lakeband, Florida 33801	
TITLE	President	<input type="checkbox"/> Delete
NAME	Carolyn Elmore	
STREET ADDRESS	4324 Thomaswood Lane East	
CITY-ST-ZIP	Winter Haven, Florida 33880	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Carolyn A. Elmore*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/00  
Date

(863) 324-6636  
Daytime Phone #

CR2E034 (9/99)