

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000035299

1. Entity Name

CYPRESS TRUST COMPANY

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90076 027 ***150.00

Principal Place of Business

218 ROYAL PALM WAY
#100 12
PALM BEACH FL 33480
US

Mailing Address

218 ROYAL PALM WAY
#100 12
PALM BEACH FL 33480-4303
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0697774

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
777 S. FLAGLER DRIVE
SUITE 500 EAST
W. PALM BEACH FL 33401

Name and Address of New Registered Agent
Name JONES, FOSTER, JOHNSTON & STUBBS, P.A.
Street Address (P.O. Box Number is Not Acceptable)
505 S. FLAGLER DRIVE, STE. 1100

City WEST PALM BEACH FL Zip Code 33401

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, or both, 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	D	<input type="checkbox"/> Delete
NAME	BREKUS, GORDON L	
STREET ADDRESS	120 DUNBAR ROAD	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	DCEO	<input type="checkbox"/> Delete
NAME	GREER, J. BRADFORD	
STREET ADDRESS	133 FORESTER COURT	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KEMBLE, WILLIAM T JR	
STREET ADDRESS	206 CARIBBEAN ROAD	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PENDERGAST, GERARD J JR	
STREET ADDRESS	576 E RAMBLING DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	DSVP	<input checked="" type="checkbox"/> Delete
NAME	BLACKMON, MICHAEL G	
STREET ADDRESS	832 FOREST GLEN LANE	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THURSTON, DOC J III	
STREET ADDRESS	2419 RED FOX TRAIL	
CITY-ST-ZIP	CHARLOTTE NC 28211	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR, VICE CHAIRMAN, COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BONANNON, JR. BENJON P.	
STREET ADDRESS	140 SEATEW AVE.	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	DIRECTOR / PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, JR. ANDREW L.	
STREET ADDRESS	5143 MINTO ROAD	
CITY-ST-ZIP	BOYNTON BCH, FL 33437	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)