

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 02, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P96000035299**1. Entity Name  
CYPRESS TRUST COMPANY

## Principal Place of Business

218 ROYAL PALM WAY  
#100 12  
PALM BEACH  
33480

FL

US

## Mailing Address

218 ROYAL PALM WAY  
#100 12  
PALM BEACH  
33480

FL

US

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. FEI Number

**65-0697774**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

MCCRACKEN JOHN B  
JONES, FOSTER, JOHNSTON & STUBBS, P.A.  
505 S. FLAGLER DR., STE. 1100  
W. PALM BEACH  
33401

FL

US

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ **05/02/2001**

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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	SMITH, JR. ANDREW L	
STREET ADDRESS	5143 MINTO RD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	DVC	<input type="checkbox"/> Delete
NAME	BOHANNON, JR. BENTON	
STREET ADDRESS	140 SEAVIEW AVE.	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	PENDERGAST GERARD JJR	
STREET ADDRESS	576 E RAMBLING DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KEMBLE WILLIAM TJR	
STREET ADDRESS	206 CARIBBEAN ROAD	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	DCEO	<input type="checkbox"/> Delete
NAME	GREER J. BRADFORD	
STREET ADDRESS	133 FORESTER COURT	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BREKUS GORDON L	
STREET ADDRESS	120 DUNBAR ROAD	
CITY-ST-ZIP	PALM BEACH FL 33480	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMMERS GEORGE E	
STREET ADDRESS	215 EL BRAVO WAY	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMBLE WILLIAM TJR	
STREET ADDRESS	206 CARIBBEAN ROAD	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	DCPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREER J. BRADFORD	
STREET ADDRESS	133 FORESTER COURT	
CITY-ST-ZIP	WELLINGTON FL 33480	
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:** J. Bradford Greer

DCPT 05/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)