

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000070256

1. Entity Name

CYPRESS CREEK LAND CORP.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90115 004 ***150.00

Principal Place of Business

Mailing Address

614 SUPERIOR AVENUE. NW
 ROCKFELLER BUILDING #1425
 CLEVELAND OH 44113

614 SUPERIOR AVENUE. NW
 ROCKFELLER BUILDING #1425
 CLEVELAND OH 44113-1306

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2099636

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TATUM, THOMAS R
 200 E. LAS OLAS BLVD.
 SUITE 1800
 FT. LAUDERDALE FL 33301

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 D ☐ Delete
 NAME MILLER, ROGER
 STREET ADDRESS 216 HIGHLAND DR.
 CITY-ST-ZIP APTOS CA 95003

TITLE D ☐ Change ☐ Addition
 NAME Miller, Roger
 STREET ADDRESS PO Box 5765
 CITY-ST-ZIP Sun City Center, Florida 33571

TITLE VD ☐ Delete
 NAME LEWIS, MARCY
 STREET ADDRESS 11111 BISCAYNE BLVD. PH 52
 CITY-ST-ZIP MIAMI FL

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

TITLE P ☐ Delete
 NAME MILLER, MICHAEL L
 STREET ADDRESS 20201 NORTH PARK BLVD
 CITY-ST-ZIP SHAKER HTS OH 44118

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

TITLE VP ☐ Delete
 NAME MILLER, MICHAEL L
 STREET ADDRESS 1300 N FEDERAL HWY
 CITY-ST-ZIP BOCA RATON FL 33432

TITLE VP ☐ Change ☐ Addition
 NAME Miller, Michael L.
 STREET ADDRESS 3634 Gaviota Drive
 CITY-ST-ZIP Ruskin, Florida 33573

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-00 216.696.3929

CR2E034 (9/99)