2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
04-30-2002 90159 024 ***150.00

DOCUMENT # P93000070256

1. Entity Name
CYPRESS CREEK LAND CORP.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
614 West Superior Avenue	614 West Superior Avenue
Suite, Apt. #, etc.: Rockefeller Building #200	Suite, Apt. #, etc.: Rockefeller Building #200
City & State: Cleveland Ohio	City & State: Cleveland Ohio
Zip: 44113 Country:	Zip: 44113 Country: USA

4. FEI Number: 58-2099636 ☐ 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
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, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, ROGER P O BOX 5765 SUN CITY CENTER FL 33571	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LEWIS, MARCY 11111 BISCAYNE BLVD. PH 52 MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MILLER, MICHAEL L 20201 NORTH PARK BLVD SHAKER HTS OH 44118	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MILLER, MICHAEL L 3634 GAVIOTA DR RUSKIN FL 33573	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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 REQUIRED MICHAEL MILLER President 4/18/02 216-696-3929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #