

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000070256

1. Entity Name
CYPRESS CREEK LAND CORP.



Principal Place of Business

**614 WEST SUPERIOR AVENUE
ROCKEFELLER BLDG. #200
CLEVELAND, OH 44113**

Mailing Address

**614 WEST SUPERIOR AVENUE
ROCKEFELLER BLDG. #200
CLEVELAND, OH 44113**

DO NOT WRITE IN THIS SPACE



04182004 No Chg-P CR2E034 (10/03)

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

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution, ☐

**\$5.00 May Be
Added to Fees**

1000000123689
04/22/04 00014 025 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MILLER, ROGER
P O BOX 5765
SUN CITY CENTER, FL 33571**

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MILLER, MICHAEL L
3634 GAVIOTA DR
RUSKIN, FL 33573**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04

216-696-3929

Date

Daytime Phone #