

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**  
 02-22-2000 90012 050 \*\*\*150.00

**DOCUMENT # H44234**

1. Entity Name  
**SUGAR MILL BUILDERS, INC.**

Principal Place of Business

Mailing Address

**S.W. 57TH TERRACE  
 CORAL FL 33914**

**17700 WELLS RD  
 NORTH FORT MYERS FL 33917-2122  
 US**

**119401**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**17700 WELLS ROAD  
 Suite, Apt. #, etc.  
 N. FORT MYERS FL  
 City & State**

Suite, Apt. #, etc.

City & State

4. FEI Number **59-2508028**

Applied For  
 Not Applicable

Zip **33917** Country **LEE**

Zip Country

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

**MILLER, GIGETA M  
 17700 WELLS RD  
 NORTH FORT MYERS FL 33917**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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**

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PD MILLER, RICHARD S. 1533 S.W. 57TH TERRACE CAPE CORAL FL 33914	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VPD MILLER, GIGETA M. 17700 WELLS RD NORTH FORT MYERS FL 33917	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2VP DAVIS, VERNE E. 1730 SANDY CIRCLE #110 CAPE CORAL FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AS BUTLER, LESTER 8200 SUNCOAST DR NORTH FORT MYERS FL 33917	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP MILLER, RICHARD J. 1735 BRANTLEY DR FORT MYERS FL 33907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 furnished 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: **Gigeta Miller**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-17-00**

**941-543-7933**

Date

Daytime Phone #

CR2E034 (9/99)