

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 12 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000500

1. Entity Name

ARBOR GREEN GROWERS, L.C.

Principal Place of Business

3634 GAVIOTA DRIVE
RUSKIN FL 33573

Mailing Address

3634 GAVIOTA DRIVE
RUSKIN FL 33573-6702

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3573169

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

FILINGS, INC.

3732 N.W. 16TH STREET

FT. LAUDERDALE FL 33311-4132

7. Name and Address of New Registered Agent

Name

Michael L. Hillen

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

3634 GAVIOTA DRIVE
RUSKIN FLA.

City

FL

Zip Code

33573

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM
STREET ADDRESS MILLER FLORIDA HOMES, INC..
CITY-ST-ZIP 3634 GAVIOTA DRIVE
RUSKIN FL 33573

TITLE NAME MGRM
STREET ADDRESS CYPRESS CREEK LAND CORP..
CITY-ST-ZIP 3634 GAVIOTA DRIVE
RUSKIN FL 33573

TITLE NAME MGRM
STREET ADDRESS EASTER, GREGORY T
CITY-ST-ZIP 2909 STAFFORD ROAD
WIMAUMA FL 33598

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/20/200

813/

633-0900

CR2E083 (9/1/01)