

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000500

1. Entity Name

ARBOR GREEN GROWERS, L.C.

Principal Place of Business

Mailing Address

3634 GAVIOTA DRIVE  
RUSKIN, FL 33573

3634 GAVIOTA DRIVE  
RUSKIN, FL 33573

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

FILED

01 MAY -7 PM 4:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

MICHAEL L. MILLER

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

3634 GAVIOTA DRIVE

City

RUSKIN

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

10. ADDITIONS/CHANGES

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
EASTERS, GREGORY T.  
2909 STAFFORD ROAD  
WIMAUMA, FLORIDA 33598

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

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

MICHAEL L. MILLER 4/30/01

(913) 633-0900