

# 2001 UNIFORM BUSINESS REPORT (UBR)

0023242 AF

**DOCUMENT # L97000000980**

1. Entity Name  
**ZYNERGY, L.C.**

**FILED**  
2001 APR 20 AM 11:27  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**610 SYCAMORE ST., SUITE 205  
CELEBRATION FL 34747**

Mailing Address  
**610 SYCAMORE ST., SUITE 205  
CELEBRATION FL 34747**

2. Principal Place of Business  
**741 Front St  
Suite, Apt. #, etc.  
320**

3. Mailing Address  
**741 Front St  
Suite, Apt. #, etc.  
320**

City & State  
**Celebration, FL**

City & State  
**Celebration, FL**

4. FEI Number  
**59-3467327**

Applied For  
Not Applicable

Zip  
**34747** Country  
**USA**

Zip  
**34747** Country  
**USA**

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ZIMBARDI, JAMES NICHOLAS**  
~~660 CELEBRATION AVE., #280~~ **701 Front Street # 210**  
**CELEBRATION FL 34747**

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 \_\_\_\_\_ (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	<b>MGR ZIMBARDI, JAMES NICHOLAS 660 CELEBRATION AVE., #280 CELEBRATION FL 34747</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ZIMBARDI, NICHOLAS JAMES 109 BOW ST BAYVILLE NJ 08721</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR INGRAM, EMILY 660 CELEBRATION AVE., #280 CELEBRATION FL 34747</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President James Zimbardi 701 Front Street #210 Celebration, FL 34747</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>900004086279-0 -04/27/01--01091--013 *****50.00 *****50.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **SIGNATURE REQUIRED** **Zimbardi President** **4/10/01** **407-566-2323**  
SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) Date Daytime Phone #

CR2E083 (11/00)