

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUL 26 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L99000008629  
**1. Entity Name**  
 HBZ Investments, L.L.C.

**Principal Place of Business** 6871 Belfort Oaks Place  
 Jacksonville, FL 32216  
**Mailing Address** 6871 Belfort Oaks Place  
 Jacksonville, FL 32216

**2. Principal Place of Business**  
 Suite, Apt. #, etc.  
**3. Mailing Address**  
 P. O. Box 551260  
 Suite, Apt. #, etc.

**City & State** Jacksonville, FL  
**City & State** Jacksonville, FL  
**Zip** 32255 **Country**

**4. FEL Number** 59-3612163  
 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**  
 Michael N. Schneider  
 4215 Southpoint Boulevard  
 Suite 100  
 Jacksonville, FL 32216

**7. Name and Address of New Registered Agent**  
 Name: Michael N. Schneider  
 Street Address (P.O. Box Number is Not Acceptable): 5150 Belfort Road  
 Building 100  
 City: Jacksonville FL Zip Code: 32256

**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: *Michael N. Schneider* (NOTE: Registered Agent signature required when reinstating) DATE: 7/1/00

**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	MGMR Zimmerman, Morrie 6871 Belfort Oaks Place Jacksonville, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200003342492--8 -08/01/00--01076--014 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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:** *Morie Zimmerman* MORRIE ZIMMERMAN  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER  
 Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E083 (11/99)