

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760691

1. Entity Name

ZOM SPRINGWIDE OFFICE CENTER I, INC.

Principal Place of Business

1220 Douglas, #203
Longwood, FL 32779
US

Mailing Address

2431 Aloma Ave. #150
Winter Park, FL 32792
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2148192

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Jack O. Williamson
2431 Aloma Avenue, Ste. #150
Winter Park, FL 32792-2529

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when withdrawing)

Date

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	☐ Delete
NAME	Jack O. Williamson	
STREET ADDRESS	2431 Aloma Ave., Ste. #150	
CITY-ST-ZIP	Winter Park, FL 32792-2529	
TITLE	PD	☐ Delete
NAME	Marlyn Felsing	
STREET ADDRESS	1220 Douglas Ave., Ste. #205	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE	VD	☐ Delete
NAME	Steven G. Horneffer	
STREET ADDRESS	1220 Douglas Ave., Ste. #103	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE	D	☐ Delete
NAME	Mitchell Krause	
STREET ADDRESS	1220 Douglas Ave., Ste. #203	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☐ Change ☒ Addition
NAME	Stanley Silver	
STREET ADDRESS	1220 Douglas Ave., Ste. #201	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jack O. Williamson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-14-01

Date

407-788-1345

Daytime Phone #

00055812

DO NOT WRITE IN THIS SPACE

CR2E037 (11/00)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90373 039 ****61.25