

2002 UNIFORM BUSINESS REPORT (UBR)

0016037 AT

DOCUMENT # **A95000001139**

1. Entity Name

JZ MORGAN - TIDES VILLAGE, LTD.

FILED

02 MAR 15 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**3415 W. CYPRESS T.
TAMPA FL 33607**

Mailing Address

**P.O. BOX 159
TARPON SPRINGS FL 34688-0159**

2. Principal Place of Business

3455 Countryside Blvd

Mailing Address

Suite, Apt. #, etc.

City & State **SPR**

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-3341824

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ZAVODNY, R. JOHN
3415 W. CYPRESS T.
TAMPA FL 33607**

7. Name and Address of New Registered Agent

Name **R. John Zavodny**
Street Address (P.O. Box Number is Not Acceptable) **3455 Countryside Blvd #78**
City **Clearwater** FL Zip Code **33761**

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

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P94000088226**
NAME **JZ MORGAN CAPITAL, INC.**
STREET ADDRESS **3415 W. CYPRESS T.**
CITY-ST-ZIP **TAMPA FL 33607**

3455 Countryside Blvd #78
Clearwater FL 33761

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)