

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000427

1. Entity Name

ZIMMERMAN INVESTMENT PARTNERS, LTD.

FILED

00 JAN 14 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5250 N.E. 29TH AVENUE
FORT LAUDERDALE FL 33308

Mailing Address

5250 N.E. 29TH AVENUE
FORT LAUDERDALE FL 33308-3402

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

65-0731507

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ZIMMERMAN, KURT D
5250 N.E. 29TH AVENUE
FORT LAUDERDALE FL 33308

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

9. Capital Contributions
as Shown on record.

\$50,250.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$50,250.00

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 #
NAME ZIMMERMAN, KURT D
STREET ADDRESS 5250 N.E. 29TH AVENUE
CITY - ST - ZIP FORT LAUDERDALE FL 33308

DOCUMENT #
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CITY - ST - ZIP

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CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

351.75-4P

STREET ADDRESS

CITY - ST - ZIP

100003117671--1

-02/01/00--01033--018

***440.50 ***440.50

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/11/2000 954-772-5151
Date Daytime Phone #