

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000546**

1. Entity Name

**SEEMA ZIMMERMAN FAMILY INVESTMENT CO., LTD.**

Principal Place of Business

**800 N. MAGNOLIA AVE.  
STE. 1500  
ORLANDO FL 32803**

Mailing Address

**800 N. MAGNOLIA AVE.  
STE 1500  
ORLANDO FL 32803**

APPROVED  
AND  
FILED

02 JUL 16 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2002**

4. FEI Number

**59-3433321**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LEE, STEVEN C ESQ.**

**800 NORTH MAGNOLIA AVENUE, SUITE 1500  
ORLANDO FL 32803**

7. Name and Address of New Registered Agent

Name

**Dean Mead Services, LLC**

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

**800 North Magnolia Avenue.**

Suite 1500

City

**Orlando**

**FL**

Zip Code

**32803**

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.

By: **Dean Mead, Egerton, Bloodworth, Capouano & Bozarth, P.A., Sole Member**

SIGNATURE By:

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

**Steven C. Lee, Vice Pres.**

07/02/02  
DATE

9. Capital Contributions  
as Shown on record.

**\$163,350.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$163,350.00**

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 #

**P97000019801**

NAME

**SZF, INC.**

STREET ADDRESS

**800 N. MAGNOLIA AVE.**

CITY-ST-ZIP

**ORLANDO FL 32803**

13.

ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 REQUIRED**

July 2, 2002

(40) 649-6000

CR2E003 (9/01)

STAPLE CHECK HERE