

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F40237

1. Entity Name

R. ZORC & SONS BUILDERS, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90065 032 ***150.00

Principal Place of Business

Mailing Address

2730 FLIGHT SAFETY DRIVE
STE 100
VERO BEACH FL 32960

P.O. BOX 2913
VERO BEACH FL 32961-2913

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2115023**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLOCK, SAMUEL A., P.A.
2127 10TH AVE.
VERO BEACH FL 32960

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 reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **ZORC, RICHARD J**
STREET ADDRESS **4 SEA HORSE LN**
CITY-ST-ZIP **VERO BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **ZORC, ARLYNE A**
STREET ADDRESS **4 SEA HORSE LN**
CITY-ST-ZIP **VERO BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **ZORC, TIMOTHY J.**
STREET ADDRESS **3907 58 CIR**
CITY-ST-ZIP **VERO BEACH FL**

TITLE **VS** ☒ Change ☐ Addition
NAME **ZORC, TIMOTHY J.**
STREET ADDRESS **3907 58th Circle**
CITY-ST-ZIP **VERO BEACH FL**

TITLE **VS** ☐ Delete
NAME **ZORC, KENNETH R.**
STREET ADDRESS **2730 FLIGHT SAFETY DR. SUITE 100**
CITY-ST-ZIP **VERO BEACH FL**

TITLE **PT** ☒ Change ☐ Addition
NAME **ZORC, KENNETH R.**
STREET ADDRESS **2730 FLIGHT SAFETY DR. SUITE 100**
CITY-ST-ZIP **VERO BEACH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00
Date

Daytime Phone #

CR2E034 (9/99)