

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J97622

1. Entity Name

RAY ZAGER & COMPANY

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90093 043 ***150.00

Principal Place of Business

Mailing Address

P O BOX 2657
P O BOX 929
PONTE VEDRA BEACH FL 32004-2657
US

P O BOX 2657
P O BOX 929
PONTE VEDRA BEACH FL 32004-0929
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3322 CASSEEKEY ISLAND RD

3. Mailing Address

3322 CASSEEKEY ISLAND RD

Suite, Apt. #, etc.

#104

Suite, Apt. #, etc.

#104

City & State

JUPITER, FL

City & State

JUPITER, FL

Zip

Country

33477 USA

Zip

Country

33477 USA

4. FEI Number

59-2852012

Applied For

Not Applicable

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

ZAGER, MADALYN
3010 OLD BARN ROAD
PONTE VEDRA BCH FL 32082

3322 CASSEEKEY ISLAND RD
JUPITER, FL
33477

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

Madalyn Zager

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 PD
NAME ZAGER, RAYMOND
STREET ADDRESS 3010 OLD BARN ROAD
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete

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

TITLE SD
NAME ZAGER, MADALYN
STREET ADDRESS 3010 OLD BARN ROAD
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/2000 561 748-2292

Date

Daytime Phone #

CR2E034 (9/99)