

2001 UNIFORM BUSINESS REPORT (UBR)

0021727 AF

DOCUMENT # L00000014780

1. Entity Name
ZANDY LLC

FILED

01 MAR 20 PM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1001 RIVERSIDE DR
SUITE 200
PALMETTO FL 34221

Mailing Address
1001 RIVERSIDE DR
SUITE 200
PALMETTO FL 34221

2. Principal Place of Business
1001 RIVERSIDE DR.

3. Mailing Address
1001 RIVERSIDE DR.

Suite, Apt. #, etc.
#222

Suite, Apt. #, etc.
#222

City & State
PALMETTO, FL

City & State
PALMETTO, FL

4. FEI Number
65-1056227

Applied For
Not Applicable

Zip
34221

Country
USA

Zip
34221

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLALOCK LANDERS WALTERS & VOGLER PA
802 11TH STREET W
BRADENTON FL 34205

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
HARRY VAN DER NOORD
1001 RIVERSIDE DR., #222
PALMETTO, FL 34221 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
ALAN ZIRKELBACH
1001 RIVERSIDE DR., #222
PALMETTO, FL 34221 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000003910230-6
-03/26/01--01135--017
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY/TREASURER
PETER VAN DER NOORD
1001 RIVERSIDE DR., #222
PALMETTO, FL 34221 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PALMETTO, FL 34221 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Alan Zirkelbach 3/14/01 944-729-0000

CR2E083 (11/00)