

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L96000000629**

1. Entity Name

**PINEAPPLE GROVE OFFICE BUILDING, L.C.**

Principal Place of Business

**4400 RENAISSANCE PKWY., STE L  
WARRENSVILLE HEIGHTS OH 44128**

Mailing Address

**4400 RENAISSANCE PKWY., STE L  
WARRENSVILLE HEIGHTS OH 44128**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**WEINER, MICHAEL  
102 N. SWINTON AVENUE.  
DELRAY BEACH FL 33444**

7. Name and Address of New Registered Agent

Name

**JAMES V. ZELCH**  
Street Address (P.O. Box Number is Not Acceptable)

City

**BOCA RATON**

FL

Zip Code

**33431**

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 **X James V. Zelch**

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-2-01**

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

9. MANAGING MEMBERS/MEMBERS

TITLE **MGRM**  
NAME **JZ INVESTMENTS**  
STREET ADDRESS **4400 RENAISSANCE PKWY., #L**  
CITY-ST-ZIP **WARRENSVILLE HTS OH 44128**

☐ Delete

TITLE  
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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

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CITY-ST-ZIP

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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: **X**

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

Date

Daytime Phone #

**4-2-01**

**216 464-8484**

FILED

01 MAY 14 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0684615**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

CR2E083 (11/00)