

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90086 020 \*\*\*\*50.00

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

4. FEI Number

65-0684615

Applied For

Not Applicable

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

Name

Zelch, JAMES V

\* NOTE

ADDRESS

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

1001 Brooks LANE

CHANGE.

City

Delray Beach

FL

Zip Code

33483

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

JAMES V. ZELCH

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE ME STREET ADDRESS CITY-ST-ZIP	MGRM JZ INVESTMENTS 4400 RENAISSANCE PKWY., #L WARRENSVILLE HTS OH 44128	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

JAMES V. ZELCH

3-25-02 216 464 8404

CR2083 (9/01)

# Uniform Business Report (UBR) Instructions

**PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE REPORT. IF YOU NEED ASSISTANCE, PLEASE CALL (850) 245-6051.**

## Reminder:

1. Changes must be typed or printed in ink and legible.
2. Signature in Block 11.
3. Submit with total amount due in the form of a separate check for each filing. (**Payable in United States Funds through a United States Bank to Department of State.**) This office strongly recommends payment be made by check rather than money order. The cancelled check or money order is critical in settling a dispute regarding the proper filing of a report. It can be extremely difficult to obtain verification when a money order has been processed. Please verify with your bank that your check has cleared before calling for the status of your report.

**Block 1.** Block 1 is preprinted with the name, document number, mailing address and principal place of business as previously reported to our office. You cannot change the name on this form. You must file an amendment to change the name. If you filed an amendment after November 30, 2001, reflect the change of name in Block 1. If no name change has been filed, do not make changes to the form; file it as is and submit a name change amendment promptly. ALL REPORT FILING QUESTIONS SHOULD BE DIRECTED TO (850) 245-6051.

**Block 2 & 3.** If the principal place of business address in Block 1 is incorrect, enter the correct address in Block 2. If the preprinted mailing address in Block 1 is incorrect, enter the new mailing address in Block 3. A Post Office Box is acceptable.

**Block 4.** Complete Block 4 by entering your Federal Employer Identification (FEI) number or checking either applied for or not applicable. If "applied for" is pre-printed in Block 4, you must now provide the FEI number or attach a copy of the application submitted to the Internal Revenue Service. FEI numbers are not assigned by the Division of Corporations. For assistance with FEI numbers, call the IRS at (800) 829-1040.

**Block 5.** Should you desire a certificate reflecting your entity's status after the filing of this report, check the BOX in Block 5 and include an additional \$5.00 with your filing fee.

**Block 6.** The law requires that each entity have a Registered Agent with a **Florida street address**. If the computer entry in Block 6 is incorrect, enter the correct information in Block 7. There is no additional fee to change the Registered Agent on this form.

**Block 7.** If a new Registered Agent has been appointed, enter the new agent's name and/or address in box 7. This must be a **Florida Street address**. A P.O. Box or mail service is NOT acceptable for service of process. A LIMITED LIABILITY COMPANY CANNOT SERVE AS ITS OWN REGISTERED AGENT; however, a principal of the Limited Liability Company can.

**Block 8.** The new Registered Agent must accept the obligations of this appointment by completing and signing in Block 8. No signature is necessary if the same Registered Agent is retained. If the Registered Agent is a different entity, the person signing must state their position with the entity. **NOTE: Registered agent signature required when reinstating on this form.**

**Block 9.** Block 9 contains the managing members or managers last reported to our office. If blank, you must list the name and address of all managing members or managers in Block 10. Insert the letters "MGRM" in the title portion of the block for each managing member listed. Insert the letters "MGR" in the title portion of the block for each manager listed. **Please do not make any marks in Block 9 unless deleting a managing member or manager;** corrections or additions are to be made in Block 10.

**Block 10.** Block 10 is for changes or additions to the existing managing members or managers in Block 9. Changes must be typed or printed and legible. List all managing members or managers. Attach a separate sheet if necessary. Florida Statutes require a physical address be given. The provision of a post office box in Block 10 or on an attachment is an affirmation under oath that no other address is available.

**Block 11.** **This report must be signed in Block 11** with an original signature by a managing member or manager of the entity that is listed in Block 9, Block 10 if a change, or on an attachment. If the entity is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 11 is unacceptable.

## **Mailing Address:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

## **Internet Address:**

<http://www.sunbiz.org>

## **Courier Address:**

Division of Corporations  
Registration Section  
409 E. Gaines Street  
Tallahassee, FL 32399

Phone: (850) 245-6051

Hearing/Voice Impaired may call (850) 245-6096 (TDD)

## **INFORMATION REGARDING RETURNED CHECK**

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.