

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
00 JAN 20 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L96000000872

1. Entity Name

OLD MORRIS BRIDGE, L.L.C.

Principal Place of Business

57 MARTINIQUE AVENUE
TAMPA FL 33606

Mailing Address

57 MARTINIQUE AVENUE
TAMPA FL 33606-4029

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ZAMORE, MILTON
57 MARTINIQUE AVENUE
TAMPA FL 33606

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME ZAMORE, MILTON
STREET ADDRESS 57 MARTINIQUE AVENUE
CITY- ST- ZIP TAMPA FL 33606 ☐ Delete

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

TITLE MGRM
NAME LEVIN, MARK
STREET ADDRESS 555 LAUREL AVENUE, APT. 51
CITY- ST- ZIP SAN MATEO CA 94401 ☐ Delete

TITLE MGRM
NAME LEVIN, MARK
STREET ADDRESS 880 Meridian Bay Lane
CITY- ST- ZIP Foster City, CA 94404 ☒ Change ☐ Addition

TITLE MGRM
NAME WALFISH, NANCY
STREET ADDRESS 19885 N.E. 22ND AVENUE
CITY- ST- ZIP NORTH MIAMI BEACH 33 33180 ☐ Delete

TITLE MGRM
NAME WALFISH, NANCY
STREET ADDRESS 4534 Langens Field Circle
CITY- ST- ZIP Vienna, Virginia ☐ Change ☐ Addition

TITLE MGRM
NAME HEUBERGER, JOHN
STREET ADDRESS 107 WEST ST. ANDREWS LANE
CITY- ST- ZIP DEERFIELD IL 60015 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP 200003111782-1
-01/26/00--01110--003
*****50.00 *****50.00 ☐ 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: *Milton Zamore* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1/18/2000 813 247-2929