

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAR 20 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L98000002896

1. Entity Name  
GEZIK/INDIA L.L.C.

Principal Place of Business  
537 EAST PARK AVENUE  
TALLAHASSEE FL 32301

Mailing Address  
537 EAST PARK AVENUE  
TALLAHASSEE FL 32301-2524

2. Principal Place of Business  
5561 US Highway 1 S.  
Suite, Apt. #, etc.

3. Mailing Address  
5561 US Highway 1 S.  
Suite, Apt. #, etc.

City & State  
Rockledge, FL  
Zip  
32955  
Country  
USA

City & State  
Rockledge, FL  
Zip  
32955  
Country  
USA

4. FEI Number  
59-7138565

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

UNDERWOOD, ROBERT L  
537 EAST PARK AVENUE  
TALLAHASSEE FL 32301

## 7. Name and Address of New Registered Agent

Name  
James F. Gezik  
Street Address (P.O. Box Number is Not Acceptable)  
5561 US Highway 1 S.  
City  
Rockledge FL Zip Code  
32955

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 James F. Gezik James F. Gezik 3/13/00  
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GEZIK, JAMES F 5561 US HIGHWAY 1 S. ROCKLEDGE FL 32955	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	500003195895-7 -04/04/00--01099--001 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CO-MGR GEZIK, WANDA L 5561 US Highway 1 S. Rockledge, FL 32955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: James F. Gezik James F. Gezik 3/13/00 321-632-3970  
Signature and typed or printed name of signing managing member or manager Date Daytime Phone #