

2000 UNIFORM BUSINESS REPORT (UBR)

0008946 AF

DOCUMENT # L99000001050

1. Entity Name
THE ZORN GROUP, L.L.C.

FILED

00 JAN 12 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2229 GOSHAWK DRIVE
NAPLES FL 34105

Mailing Address
2229 GOSHAWK DRIVE
NAPLES FL 34105-2555



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BOWIE, RAYMOND J~~
~~900 SIXTH AVE. SOUTH, #104~~
~~NAPLES FL 34102~~

GREGORY B ZORN
2229 GOSHAWK CT
NAPLES, FL 34105

Name

GREGORY B ZORN

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

2229 GOSHAWK CT

City

NAPLES

FL

Zip Code

34105

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

GREGORY B. ZORN

(NOTE: Registered Agent signature required when re-registering)

DATE

1/9/00

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
MGRM
ZORN, GREGORY B
2229 GOSHAWK DRIVE
NAPLES FL 34105 ☐ 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
600003103706--6
-01/20/00--01014--005
*****55.00 *****55.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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

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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 REQUIRED

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

1/9/00

Date

Daytime Phone #

CR2F. 53 (1-99)