

# 2000 UNIFORM BUSINESS REPORT (UBR)

001982 AF

DOCUMENT # L99000001323

1. Entity Name  
ZEBEDEE, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 15 PM 12:45

Principal Place of Business  
3718 ASCOT BEND COURT  
BONITA SPRINGS FL 34134

Mailing Address  
P.O. BOX 366667  
BONITA SPRINGS FL 34136-6667



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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SKRIVAN, KENT A ESQ  
BUTZEL LONG  
801 LAUREL OAK DRIVE, SUITE 705  
NAPLES FL 34108

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 NAME MGR  
STREET ADDRESS COMBES, NICOLA M  
CITY - ST - ZIP 3718 ASCOT BENT COURT  
BONITA SPRINGS FL 34134 ☐ Delete

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

TITLE NAME MGR  
STREET ADDRESS COMBES, ANDREW W  
CITY - ST - ZIP 3718 ASCOT BENT COURT  
BONITA SPRINGS FL 34134 ☐ Delete

TITLE NAME 700003148087 ☐ Change ☐ Addition  
STREET ADDRESS -02/25/00--01087--017  
CITY - ST - ZIP \*\*\*\*\*55.00 \*\*\*\*\*55.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

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

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

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: NICOLA COMBES SIGNATURE REQUIRED NICOLA M COMBES 2/9/00 944 948 5081  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)