

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006910

1. Entity Name
MICHAEL DONZINGER, L.L.C.

Principal Place of Business
4215 SOUTHPOINT BLVD., STE 100
JACKSONVILLE FL 32216

Mailing Address
4215 SOUTHPOINT BLVD., STE 100
JACKSONVILLE FL 32216-6191

2. Principal Place of Business
P. O. Box 551260

3. Mailing Address
P.O. Box 551260

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip Country
32255

Zip Country
32255

4. FEI Number
120-24-3776

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

ANSBACHER, LEWIS
4215 SOUTHPOINT BLVD., STE 100
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name Lewis Ansbacher

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

5150 Belfort Road

Building 100

City Jacksonville

FL

Zip Code
32256

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

3/15/00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete
Member Donziger, Michael
STREET ADDRESS 7841 James Island Trail
CITY- ST- ZIP Jacksonville, FL 32256

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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TITLE NAME ☐ Delete
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CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 800003195408-6
CITY- ST- ZIP -04/04/00--01077--010
*****50.00 *****50.00

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

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

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)(f), 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:

Michael Donziger
REQUIRED

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

Date

Daytime Phone #

APR 17 2000

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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