

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006910

1. Entity Name

MICHAEL DONZINGER, L.L.C.

FILED

01 MAR 22 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

P.O. BOX 551260
JACKSONVILLE FL 32255

Mailing Address

P.O. BOX 551260
JACKSONVILLE FL 32255

2. Principal Place of Business

8638 Phillips Highway
Suite, Apt. #, etc.
Suite 3

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

Country

4. FEI Number

12-0243776

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANSBACHER, LEWIS
5150 BELFORT ROAD, BUILDING 100
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

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

200003912022--3
-03/27/01--01060--021
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MEM
NAME FONZIGER, MICHAEL ☐ Delete
STREET ADDRESS 7841 JAMES ISLAND TRAIL
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MEM ☒ Change ☐ Addition
NAME Donziger, Michael
STREET ADDRESS 8638 Phillips Highway #3
CITY-ST-ZIP Jacksonville, FL 32256

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)