

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007777

1. Entity Name  
4655 LENOX AVE., L.L.C.

Principal Place of Business

3601 OCEAN DRIVE, S.  
JACKSONVILLE FL 32250

Mailing Address

3601 OCEAN DRIVE, S.  
JACKSONVILLE FL 32250

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3610187

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDER, MICHAEL N  
4215 SOUTHPPOINT BLVD., SUITE 100  
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name Michael N. Schneider  
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

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME HAMILTON, RICHARD M  
STREET ADDRESS 3601 OCEAN DRIVE, S.  
CITY-ST-ZIP JACKSONVILLE FL 32250 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
100003342491--1  
-08/01/00--01076--013

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

7/10/2000 (904)246-5737

APPROVED  
AND  
FILED  
00 JUL 26 PM 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (5/00)

**ANSBACHER & SCHNEIDER, P. A.**  
**ATTORNEYS AT LAW**

MAILING ADDRESS  
P.O. Box 551260  
JACKSONVILLE, FLORIDA 32255-1260

LEWIS ANSBACHER  
MICHAEL N. SCHNEIDER  
LAWRENCE V. ANSBACHER

TELEPHONE (904) 296-0100  
FACSIMILE (904) 296-2842  
WRITER'S INTERNET ADDRESS:  
MICHAEL.SCHNEIDER@JAXLAW.COM  
DIRECT LINE: (904) 296-0637 X3002

July 24, 2000

Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Dear Sirs:

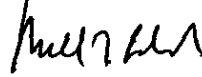
I enclose herewith the 2000 Uniform Business Report for the following limited liability companies together with a check in the amount of \$50.00 for each company:

1. 4655 Lenox Ave., L.L.C; and
2. HBZ Investments, L.L.C.

If you have any questions or if you need anything further, please contact me.

Very truly yours,

Ansbacher & Schneider, P.A.



Michael N. Schneider

MNS/lj  
Encl.  
00-112.47