

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008124

1. Entity Name

MICHAEL DONZIGER ASSOCIATES, L.L.C.

Principal Place of Business

4215 SOUTHPOINT BLVD., SUITE 100
JACKSONVILLE FL 32216

Mailing Address

4215 SOUTHPOINT BLVD., SUITE 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.

Jacksonville, FL

City & State
Jacksonville, FL

Zip
32255

Country

Zip
32255

Country

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., SUITE 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 MGRM
STREET ADDRESS DONZIGER, MICHAEL
CITY- ST- ZIP 4215 SOUTHPOINT BLVD., SUITE 100
JACKSONVILLE FL 32216 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME 7841 James Island Trail ☒ Change ☐ Addition
STREET ADDRESS Jacksonville, FL 32256
CITY- ST- ZIP

TITLE
NAME 100003195411-7 ☐ Change ☐ Addition
STREET ADDRESS -04/04700--01077--011
CITY- ST- ZIP *****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

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

Date

Daytime Phone #

0000213 A1

CR2E083 (9/99)