

**2000 UNIFORM BUSINESS REPORT (UBR)** APR -3 AM 9:00

DOCUMENT # **L99000008157**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name  
**THE GERONTOLOGY GROUP, LLC**

Principal Place of Business  
**300 FORT PICKENS RD.  
PENSACOLA BEACH FL 32561**

Mailing Address  
**P.O. BOX 593  
GULF BREEZE FL 32562-0593**

*ny 4118*



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

4. FEI Number

**59-3599445**

Applied For  
Not Applicable

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

**ZUBON, NICOLE G  
300 FORT PICKENS RD.  
PENSACOLA BEACH FL 32561**

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 *same agent* registering its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Nicole G. Zubon*

*2/18/00*

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**

*same reg. agent*

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME  Delete  
STREET ADDRESS  
CITY - ST - ZIP

*Co-Director Partner MGRM*  Change  Addition  
NAME *Nicole G. Zubon*  
STREET ADDRESS *300 Fort Pickens Road*  
CITY - ST - ZIP *Pensacola Beach, FL 32561*

TITLE NAME  Delete  
STREET ADDRESS  
CITY - ST - ZIP

*Co-Director Partner MGRM*  Change  Addition  
NAME *Catherine J. Scott*  
STREET ADDRESS *300 Fort Pickens Rd.*  
CITY - ST - ZIP *Pensacola Beach, FL 32561*

TITLE NAME  Delete  
STREET ADDRESS  
CITY - ST - ZIP

Change  Addition  
NAME **400003217234--4**  
STREET ADDRESS **-04/20/00--01099--016**  
CITY - ST - ZIP **\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE NAME  Delete  
STREET ADDRESS  
CITY - ST - ZIP

Change  Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY - ST - ZIP

Change  Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY - ST - ZIP

Change  Addition  
NAME  
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:

*Nicole G. Zubon* / **Nicole G. Zubon**

Date

Daytime Phone #

*2/18/00* (850)934-1773

CR20-F03 (9/00)