

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 4/18



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

59-35 99445

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

Nicole G. Zubon
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/18/00

DATE

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

same reg. agent

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

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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
Co-Director / Partner MGRM Nicole G. Zubon 300 Fort Pickens Road Pensacola Beach, FL 32561

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

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition
400003217234--4
-04/20/00--01099--016
*****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:

Nicole G. Zubon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

2/18/00 (850) 934-1773

CR20-083 (9/99)