

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008359

1. Entity Name
6750 INVESTMENTS, L.L.C.

APPROVED
AND
FILED
00 APR -5 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

3. Mailing Address

P.O. Box 551260
Suite, Apt. #, etc.

P.O. Box 551260
Suite, Apt. #, etc.

City & State
Jacksonville, FL
Zip
32255
Country

City & State
Jacksonville, FL
Zip
32255
Country

4. FEI Number 59-3614833

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

ANSBACHER, LAWRENCE V
4215 SOUTHPOINT BLVD., SUITE 100
JACKSONVILLE FL 32216

Name
Lawrence V. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER
Zimmerman, Brad
10263 Heather Glen Dr.
Jacksonville, FL 32256

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300003224323
-04/26/00--01020--004
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER
Zimmerman, Sandie
10263 Heather Glen Dr.
Jacksonville, FL 32256

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 OR MANAGER

Date _____ Daytime Phone # _____

CR2E083 (9/99)