

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000220

1. Entity Name
ZUZU OF ORLANDO, LLC

Principal Place of Business
7536 DR. PHILLIPS BLVD., #360
ORLANDO FL 32819

Mailing Address
P.O. BOX 770095
ORLANDO FL 32877-0095

REMOVED
AND
FILED
00 MAR 29 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf 4/17



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

59-3443790

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Bru Weatherford Jr

Street Address (P.O. Box Number is Not Acceptable)

1031 W. Morse Blvd.

Suite 105

City

Winter Park

FL

Zip Code

32789

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

Walter P. Weatherford Jr

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/MEMBERS

TITLE MGR
NAME KATZ, GREGORY H
STREET ADDRESS 14316 COLONIAL GRAND BLVD., #3116
CITY-ST-ZIP ORLANDO FL 32837

☐ Delete

TITLE
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CITY-ST-ZIP

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10.

ADDITIONS/CHANGES

TITLE MGR
NAME KATZ, GREGORY H
STREET ADDRESS 6832 ECHO LANE
CITY-ST-ZIP Lakeland, FL 33813

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

000003212910--8
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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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

3-12-00 407-832-2378

Date

Daytime Phone #

0014214 AF

CR2E083 (9/99)