## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 03, 2001 8:00 am Secretary of State DOCUMENT # P9300036505 1. Entity Name ZIMMER DEVELOPMENT COMPANY OF FLORIDA, INC. 05-03-2001 91127 047 \*\*\*158.75 Principal Place of Business Mailing Address 111 PRINCESS ST. P.O. BOX 2628 WILMINGTON NC 28401 WILMINGTON NC 28402 U\$ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 56-1824230 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired $\mathbf{X}$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PD ☐ Delete TITLE Change ☐ Addition TITLE ZIMMER, JEFFREY L NAME NAME 111 PRINCESS ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WILMINGTON NC **VPTD** TITLE Change Change ☐ Addition ☐ Delete TITLE ZIMMER, ALAN M. NAME NAME STREET ADDRESS STREET ADDRESS 111 PRINCESS ST. CITY-ST-7IP CITY-ST-ZIP WILMINGTON NC ☐ Change ☐ Addition ☐ Delete TITLE ZIMMER, HERBERT J. NAME NAME 111 PRINCESS ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WILMINGTON NO CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 697, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeffrey L. Zimmer, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

01/05/01

910/763-4669

Daytime Phone #