

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000057496

1. Entity Name

F. Z. F. PROPERTIES, INC.

Principal Place of Business

592 MARSH LANDING PKWY
JACKSONVILLE BEACH FL 32250
US

Mailing Address

1601 UNIVERSITY BLVD N
JACKSONVILLE FL 32211-4563
US

2. Principal Place of Business

3. Mailing Address

592 Marsh Landing Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville Beach, FL

Zip

Country

Zip

Country

32250

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRIEDMAN, MICHAEL
11653 MANDARIN FOREST DR
JACKSONVILLE FL 32223

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS FRIEDMAN, MICHAEL
CITY-ST-ZIP 11653 MANDARIN FOREST DR
JACKSONVILLE FL 32223

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS ZIPPER, KEITH
CITY-ST-ZIP 11653 MANDARIN FOREST DR
JACKSONVILLE FL 32223

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Keith J. Zipper

Date

Daytime Phone #

1/13/99 (904) 273-2088

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90222 034 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3334873

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

CR2E034 (9/99)