

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 03, 2001 08:00 AM**  
**Secretary of State****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  
592 MARSH LANDING PKWY  
JACKSONVILLE BEACH FL 32250 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3334873

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

FRIEDMAN MICHAEL  
11653 MANDARIN FOREST DRJACKSONVILLE FL  
32223 US

## 7. Name and Address of New Registered Agent

Name  
FRIEDMAN MICHAELStreet Address (P.O. Box Number is Not Acceptable)  
4285 VIA VALENCIA CIRCLE

City JACKSONVILLE FL Zip Code 32217

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 MICHAEL FRIEDMAN

01/03/2001

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, 2001 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

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME ZIPPER KEITH  
STREET ADDRESS 12346 PEACH ORCHARD DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32223TITLE D ☒ Change ☐ Addition  
NAME FRIEDMAN MICHAEL  
STREET ADDRESS 4285 VIA VALENCIA CIRCLE  
CITY-ST-ZIP JACKSONVILLE FL 32217TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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: Michael Friedman

D

01/03/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)