

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000034047

1. Entity Name  
ZCS MORTGAGE AND RESIDENTIAL INVESTMENT, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90071 021 \*\*\*150.00

642457



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
6015 MORROW ST. E  
209  
JACKSONVILLE FL 32217  
US

Mailing Address  
6015 MORROW ST. E  
209  
JACKSONVILLE FL 32217-2126  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3443154  
Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZIMMERMAN, TARA V  
7815 SUNNYMEADE DR. N.  
JACKSONVILLE FL 32211

Name SIMS, JAMES A  
Street Address (P.O. Box Number is Not Acceptable)  
1810 PROVIDENCE HOLLOW LN  
City JACKSONVILLE FL Zip Code 32223

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 *James A. Sims* JAMES A. Sims 4/17/00  
(NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	SIMS, JAMES A	
STREET ADDRESS	1810 PROVIDENCE HOLLOW LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARMICHAEL, TREMEL	
STREET ADDRESS	12537 WILLOUGHBY LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	ZIMMERMAN, TARA	
STREET ADDRESS	7815 SUNNYMEADE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *James A. Sims* 4/17/00 904-732-7333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 19/99