

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000041663

1. Entity Name

ZIP NO. 52 MEMBER, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90113 027 ***158.75

Principal Place of Business

111 Princess Street
Wilmington, NC 28401

Mailing Address

Post Office Box 2628
Wilmington, NC 28402

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

20057124

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2086086

Applied For
Not Applicable

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

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

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

TITLE P/D ☐ Delete
NAME Jeffrey L. Zimmer
STREET ADDRESS 111 Princess Street
CITY-ST-ZIP Wilmington, North Carolina 28401

TITLE VP/T/D ☐ Delete
NAME Alan M. Zimmer
STREET ADDRESS 111 Princess Street
CITY-ST-ZIP Wilmington, North Carolina 28401

TITLE S/D ☐ Delete
NAME Herbert J. Zimmer
STREET ADDRESS 111 Princess Street
CITY-ST-ZIP Wilmington, North Carolina 28401

TITLE D ☐ Delete
NAME E. Bruce Moskowitz
STREET ADDRESS 2107 Ascott Place
CITY-ST-ZIP Wilmington, North Carolina 28403

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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
HERBERT J. ZIMMER, Secretary

03/29/00

Date

910/763-4669

Daytime Phone #

CR2E034 (9/99)