

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S10962

1. Entity Name

ZIFF ASSOCIATES NO. I, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90018 013 ***150.00

Principal Place of Business

1121 CRANDON BLVD.
TOWERS-F805
KEY BISCAYNE FL 33149
US

Mailing Address

1121 CRANDON BLVD.
TOWERS-F805
KEY BISCAYNE FL 33149-2755
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0226834

Applied For

Not Applicable

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

ZIFF, SANFORD L.
104 CRANDON BLVD #401
KEY BISCAYNE FL 33149

1121 Crandon Blvd F805
Key Biscayne FL
33149

Name ZIFF, SANFORD L.

Street Address (P.O. Box Number is Not Acceptable)

1121 CRANDON BLVD F805

City

KEY BISCAYNE

FL

Zip Code

33149

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

Sanford L. Ziff

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-2000

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
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

D
ZIFF, SANFORD L.
104 CRANDON BLVD #401
KEY BISCAYNE FL

☒ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
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CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ZIFF, SANFORD L.
1121 Crandon Blvd F805
Key Biscayne, FL 33149

☒ Change ☐ Addition

☐ Change ☐ Addition

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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

Sanford L. Ziff

Date

Daytime Phone #

4-22-2000 305-361-5580

CR2E034 (9/99)