

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S10987

1. Entity Name

ZIFF ASSOCIATES NO. III, INC.

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

05-02-2000 90038 002 ***150.00

Principal Place of Business

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

Mailing Address

C/O SANFORD L. ZIFF
~~104 CRANDON BLVD. SUITE 401~~
 KEY BISCAYNE FL 33149-2741
 US

1121 Crandon
 F805



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3038513

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

ZIFF, SANFORD L.

104 CRANDON BLVD. 1121 Crandon Blvd F805
 SUITE 401 Key Biscayne, FL
 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

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

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
 NAME D
 STREET ADDRESS ZIFF, SANFORD L.
 CITY-ST-ZIP ~~104 CRANDON BLVD, SUITE 401~~
 KEY BISCAYNE FL

TITLE ☒ Change ☐ Addition
 NAME ZIFF, SANFORD L.
 STREET ADDRESS 1121 Crandon Blvd F805
 CITY-ST-ZIP KEY Biscayne, FL ☐ Change ☐ Addition
 33149

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Sanford L. Ziff
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-2000
 Date

305-361-5580
 Daytime Phone #

CR2E034 (9/99)