

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-10-2000 90113 026 ***158.75

30057125

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000097711 ✓
1. Entity Name
 ZP NO. 80 MEMBER, INC.

Principal Place of Business 111 Princess Street Wilmington, NC 28401	Mailing Address Post Office Box 2628 Wilmington, NC 28402
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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 56-2111920	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	P/D <input type="checkbox"/> Delete
NAME	Jeffrey L. Zimmer
STREET ADDRESS	111 Princess Street
CITY-ST-ZIP	Wilmington, North Carolina 28401
TITLE	VP/T/D <input type="checkbox"/> Delete
NAME	Alan M. Zimmer
STREET ADDRESS	111 Princess Street
CITY-ST-ZIP	Wilmington, North Carolina 28401
TITLE	S/D <input type="checkbox"/> Delete
NAME	Herbert J. Zimmer
STREET ADDRESS	111 Princess Street
CITY-ST-ZIP	Wilmington, North Carolina 28401
TITLE	D <input type="checkbox"/> Delete
NAME	E. Bruce Moskowitz
STREET ADDRESS	2107 Ascott Place
CITY-ST-ZIP	Wilmington, North Carolina 28403
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: _____ **03/29/00** **910/763-4669**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **HERBERT J. ZIMMER, Secretary** Date Daytime Phone #

CR2E034 (9/99)