

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G72833

1. Entity Name

KAMENOFF AND ASSOCIATES, INC.

FILED

May 23, 2000 8:00 am
Secretary of State

05-23-2000 90218 037 ***150.00

Principal Place of Business

Mailing Address

444 GOLFVIEW DRIVE
P O BOX 161123
ALTAMONTE SPGS FL 32716
US

444 GOLFVIEW DRIVE
P O BOX 161123
ALTAMONTE SPGS FL 32716-1123
US

2. Principal Place of Business

PO Box 470643

3. Mailing Address

P.O. Box 470643

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Celebration, FL

City & State

Celebration, FL

Zip

34747

Country

USA

Zip

34747-0643

Country

USA

4. FEI Number

59-2343173

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

AARON J GOROVITZ
215 N. EOLA DR
ORLANDO FL 32801

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KAMENOFF, MICHAEL A 165 MONTGOMERY RD. ALTAMONTE SPRINGS FL 32714 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS KAMENOFF, BRENDA 165 MONTGOMERY RD. ALTAMONTE SPRINGS FL 32714 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD KAMENOFF, BRENDA 165 MONTGOMERY RD. ALTAMONTE SPRINGS FL 32714 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD KAMENOFF, ABE 1245 AUDUBON PL ORLANDO FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

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|--|--|---------------------------------|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |

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] MICHAEL KAMENOFF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

4075669556

Daytime Phone #

CR2E034 (9/99)