

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 192881

1. Entity Name
KANE FURNITURE CORPORATION

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90034 003 ***150.00

Principal Place of Business
~~M. A. ROTHMAN~~
5700 70TH AVE. NO
PINELLAS PARK FL ~~34655-4238~~

Mailing Address
~~M. A. ROTHMAN~~
5700 70TH AVE. NO
PINELLAS PARK FL ~~34655-4238~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5700 70TH AVE. NO
Suite, Apt. #, etc.

3. Mailing Address
5700 70TH AVE. NO.
Suite, Apt. #, etc.

City & State
PINELLAS PARK, FL

Zip
33781

Country
USA

4. FEI Number 59-0791370

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
NOVACK, IRWIN M
5700 70TH AVE N
PINELLAS PARK FL 33781

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	V	<input type="checkbox"/> Delete
NAME	HUMBOLT, JAMES	
STREET ADDRESS	5700 70TH AVE N	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LANE, CAROL	
STREET ADDRESS	5700 70TH AVE N	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NOVACK, IRWIN M	
STREET ADDRESS	5700 70TH AVE NORTH	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	ROTHMAN, THELMA P	
STREET ADDRESS	5700 70TH AVE NORTH	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TURVILLE, EDWARD A	
STREET ADDRESS	501 FIRST AVE NORTH #801	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMBOLT, JAMES	
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		
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/01
Date

727-545-9555
Daytime Phone #

CR2E034 (10/00)