

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 130871

1. Entity Name

JOSEPH GINSBERG PROPERTIES, INCORPORATED

Principal Place of Business

Mailing Address

1444 N ATLANTIC AVE
DAYTONA BCH FL 32118-3502

1444 NORTH ATLANTIC AVE
DAYTONA BEACH FL 32118-3502
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 59-0520907

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

GINSBERG, JOSEPH
1444 N ATLANTIC AVE
DAYTONA BEACH FL 32018

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 PO
NAME GINSBERG, JOSEPH
STREET ADDRESS 1444 N. ATLANTIC AVE
CITY-ST-ZIP DAYTONA BEACH FL

☐ Delete

TITLE S
NAME GINSBERG, ROBERT
STREET ADDRESS 1712 JOHN ANDERSON HWY
CITY-ST-ZIP ORMOND BEACH FL

☐ Delete

TITLE D
NAME GINSBERG, ROBERT
STREET ADDRESS 1444 N. ATLANTIC AVE
CITY-ST-ZIP DAYTONA BEACH FL

☐ Delete

TITLE D
NAME HUT, BETTY
STREET ADDRESS 920 FOREST AVE
CITY-ST-ZIP RYE NY

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CITY-ST-ZIP

☐ Change ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-00 (404) 252-5320

Date

Daytime Phone #

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90139 002 ***150.00



DO NOT WRITE IN THIS SPACE