

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 169211

1. Entity Name

THE STEPHAN CO.

Principal Place of Business

1850 W MC NAB ROAD
FT LAUDERDALE FL 33309-1012

Mailing Address

1850 W MC NAB ROAD
FT LAUDERDALE FL 33309-1012

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

59-0676812

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	D	<input type="checkbox"/> Delete
NAME	GENOVESE, LEONARD	
STREET ADDRESS	1850 W MCNAB ROAD	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	FEROLA, PETER	
STREET ADDRESS	1850 W MCNAB ROAD	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARLSON, CURTIS	
STREET ADDRESS	1850 W MCNAB ROAD	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	D'AMBROSIO, THOMAS	
STREET ADDRESS	1940 COMMERCE ST STE 204	
CITY-ST-ZIP	YORKTOWN HGTS NY	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MURPHY, LUCILLE	
STREET ADDRESS	1850 W MCNAB RD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FEROLA, FRANC	
STREET ADDRESS	1850 W MCNAB RD	
CITY-ST-ZIP	FT LAUDERDALE FL	

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK F. FEROLA	
STREET ADDRESS	1850 W. MCNAB RD.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN DEPINTO	
STREET ADDRESS	1850 W. MCNAB RD.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID SPIEGEL	
STREET ADDRESS	1850 W. MCNAB RD.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHOUKY A. SHAHEEN	
STREET ADDRESS	1850 W. MCNAB RD.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90068 018 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)