

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 192881

1. Entity Name

KANE FURNITURE CORPORATION

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90043 040 \*\*\*150.00

Principal Place of Business

Mailing Address

~~W. A. ROTHMAN~~  
5700 70TH AVE. NO  
PINELLAS PARK FL 34665-4238

~~W. A. ROTHMAN~~  
5700 70TH AVE. NO  
PINELLAS PARK FL 33781-4238

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

59-0791370

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

NOVACK, IRWIN M  
5700 70TH AVE N  
PINELLAS PARK FL 33781

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          | V                        | <input type="checkbox"/> Delete            |
| NAME           | HUMBLDT, JAMES           |                                            |
| STREET ADDRESS | 5700 70TH AVE N          |                                            |
| CITY-ST-ZIP    | PINELLAS PARK FL 33781   |                                            |
| TITLE          | SD                       | <input checked="" type="checkbox"/> Delete |
| NAME           | GREEN, MARGIE            |                                            |
| 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    |                          |                                            |

|                |                         |                                                                                         |
|----------------|-------------------------|-----------------------------------------------------------------------------------------|
| TITLE          |                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | HUMBOLDT, James         |                                                                                         |
| STREET ADDRESS |                         |                                                                                         |
| CITY-ST-ZIP    |                         |                                                                                         |
| TITLE          | SD                      | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | LANE, CAROL             |                                                                                         |
| STREET ADDRESS | 5700 70TH AVE NO.       |                                                                                         |
| CITY-ST-ZIP    | PINELLAS PARK, FL 33781 |                                                                                         |
| 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

Date

Daytime Phone #

JAMES HUMBOLDT 2/1/00 727-545-9555

CR2E034 (9/99)