

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 220798

1. Entity Name
RUBY BUILDERS, INC.

Principal Place of Business
3939 SILVER STAR ROAD
P.O. BOX 680099
ORLANDO FL 32868-7099

Mailing Address
3939 SILVER STAR ROAD
P.O. BOX 680099
ORLANDO FL 32868-7099

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 59-0863156

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SUBERMAN, ALEC
3939 SILVER STAR ROAD
ORLANDO FL 32808

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 _____ (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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | CD | <input type="checkbox"/> Delete |
| NAME | SUBERMAN, IRWIN | |
| STREET ADDRESS | 4036 ANCHOR WAY | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | SUBERMAN, ALEC | |
| STREET ADDRESS | 1147 DELRIDGE AVE. | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | SUBERMAN, LEE | |
| STREET ADDRESS | 4168 PLAYER CIR | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | VTD | <input type="checkbox"/> Delete |
| NAME | SUBERMAN, RONALD | |
| STREET ADDRESS | 111 COVE COLONY ROAD | |
| CITY-ST-ZIP | MAITLAND FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: Lee Suberman Lee Suberman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/2001 407-293-8217 ext.102
Date Daytime Phone #

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90133 007 ***158.75

600094



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)