

2002 UNIFORM BUSINESS REPORT (UBR)

461

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90021 024 ***150.00

DOCUMENT # F00000004536

1. Entity Name
KAPLAN COMPANIES, INC.

Principal Place of Business

1310 LEWISVILLE-CLEMMONS ROAD
LEWISVILLE NC 27023

Mailing Address

1310 LEWISVILLE-CLEMMONS ROAD
LEWISVILLE NC 27023

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

56-0935286

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, 2002 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 **P** ☒ Delete
NAME **CALDWELL, DEAN A**
STREET ADDRESS **1310 LEWISVILLE-CLEMMONS ROAD**
CITY-ST-ZIP **LEWISVILLE NC 27023**

TITLE **P** ☐ Change ☒ Addition
NAME **LEE FRENCH**
STREET ADDRESS **1310 LEWISVILLE-CLEMMONS ROAD**
CITY-ST-ZIP **LEWISVILLE NC 27023**

TITLE **S** ☐ Delete
NAME **MACERON, MATTHEW**
STREET ADDRESS **1310 LEWISVILLE-CLEMMONS ROAD**
CITY-ST-ZIP **LEWISVILLE NC 27023**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CD** ☐ Delete
NAME **KAPLAN, HOWARD J**
STREET ADDRESS **1310 LEWISVILLE-CLEMMONS ROAD**
CITY-ST-ZIP **LEWISVILLE NC 27023**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KAPLAN, IAN T**
STREET ADDRESS **1117 GLOUSMAN DRIVE**
CITY-ST-ZIP **WINSTON-SALEM NC 27104**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MURRAY, SANDI S**
STREET ADDRESS **602 FORDS LANDINGS WAY**
CITY-ST-ZIP **ALEXANDRIA VA 22314**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KAPLAN, ANNETTE**
STREET ADDRESS **443 BAUER AVENUE**
CITY-ST-ZIP **LOUISVILLE KY 40202**

TITLE ☐ Change ☐ 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
MATTHEW B. MACERON

SECRETARY

Date

Daytime Phone #

1/14/02

336-712-324

CR2E034 (9/01)