

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F08375

1. Entity Name

ZUBCOV ENTERPRISES, INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90175 037 \*\*\*150.00

Principal Place of Business

Mailing Address

200 CENTRAL AVE.  
23RD FLOOR BARNETT TOWER  
ST. PETERSBURG FL 33701

200 CENTRAL AVE.  
23RD FLOOR BARNETT TOWER  
ST. PETERSBURG FL 33701-3326

2. Principal Place of Business

4301 Gulf Shore Blvd., N.

3. Mailing Address

4301 Gulf Shore Blvd., N.

Suite, Apt. #, etc.

802

Suite, Apt. #, etc.

802

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

59-2046928

Applied For

Not Applicable

Zip

34103

Country

USA

Zip

34103

Country

USA

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

DUPRE, STEVEN C  
200 CENTRAL AVE.  
23RD FLOOR BARNETT TOWER  
ST. PETERSBURG FL 33701

Name  
Sheldon Starman

Street Address (P.O. Box Number is Not Acceptable)  
4099 Tamiami Trail North, Suite 400

City  
Naples,

FL

Zip Code  
34103

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

*Sheldon Starman*

1/10/2000

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
SOUPCOFF, HAROLD  
1485 WHITEHORSE ROAD  
DOWNSVIEW, ONTARIO, CD ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
SOUPCOFF, KAREN  
1485 WHITEHORSE ROAD  
DOWNSVIEW, ONTARIO, CD ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
SOUPCOFF, ROCHELLE  
1485 WHITEHORSE ROAD  
DOWNSVIEW, ONTARIO, CD ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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STREET ADDRESS  
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 all other like empowered.

SIGNATURE:

*Sheldon Starman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/10/2000

Daytime Phone #

CR2E034 (9/99)