

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000006161

1. Entity Name

CUMBERLAND BROKERAGE CORPORATION

Principal Place of Business

614 LANDIS AVE.
VINELAND NJ 08360

Mailing Address

614 LANDIS AVE
VINELAND NJ 08360-8007

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

52-1694636

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

GOLDBERG, SHELDON E
UNIT B-509 L'ELEGANCE ON LIDO BEACH
1800 BENJAMIN FRANKLIN DRIVE
SARASOTA FL 34236

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 PT ☐ Delete
NAME GOLDBERG, SHELDON E
STREET ADDRESS B-509 1800 BENJAMIN FRANKLIN DRIVE
CITY-ST-ZIP SARASOTA FL

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

TITLE V ☐ Delete
NAME BRUCE, ELLYN H
STREET ADDRESS 4771 NORTH CREOSOTE PLACE
CITY-ST-ZIP TUCSON AZ 85749

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 9121 E Tanque Verde Rd Suite 105
CITY-ST-ZIP TUCSON, AZ 85749-8874

TITLE S ☐ Delete
NAME GOLDBERG, ANTONIA A
STREET ADDRESS B-509 1800 BENJAMIN FRANKLIN DRIVE
CITY-ST-ZIP SARASOTA FL

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

TITLE V ☐ Delete
NAME BENEFIELD, TERRY A.
STREET ADDRESS 2223 ASTOR ST, TR #7
CITY-ST-ZIP ORANGE PARK FL 32073

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 807, 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 officers empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)