

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

03-20-2000 90121 015 \*\*\*150.00

**DOCUMENT # H69483**

1. Entity Name

**SOFORENKO FIRST FINANCE COMPANY**

Principal Place of Business

8177 OLD KINGS ROAD SOUTH  
 SUITE 4  
 JACKSONVILLE FL 32217  
 US

Mailing Address

% LEWIS ANSBACHER  
 4215 SOUTHPOINT BLVD., SUITE 100  
 JACKSONVILLE FL 32216-6191

2. Principal Place of Business

3. Mailing Address

P.O. Box 551260

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
 Jacksonville, FL

Zip

Country

Zip  
 32255

Country

4. FEI Number

59-2563197

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

ANSBACHER, LEWIS  
 4215 S. POINT BLVD.  
 SUITE 100  
 JAX FL 32216

Name  
 Lewis Ansbacher  
 Street Address (P.O. Box Number is Not Acceptable)  
 5150 Belfort Road  
 Building 100  
 City Jacksonville FL Zip Code 32256

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

3/15/00

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	P	<input type="checkbox"/> Delete
NAME	SOFORENKO, R	
STREET ADDRESS	8177 OLD KINGS RD S #4	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SASSARD, CHERYL	
STREET ADDRESS	4215 S. POINT BLVD, #100	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	ANSBACHER, LEWIS	
STREET ADDRESS	4215 S. POINT BLVD. #100	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sassard, Cheryl	
STREET ADDRESS	5150 Belfort Road #100	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	AS/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ansbacher, Lewis	
STREET ADDRESS	5150 Belfort Road #100	
CITY-ST-ZIP	Jacksonville, FL 32256	
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:

*Cheryl E. Sassard*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)