

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J44349

1. Entity Name

KUBERA MANAGEMENT CORPORATION

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90070 039 \*\*\*158.75

Principal Place of Business

2337 U.S. HIGHWAY 19  
HOLIDAY FL 34691

Mailing Address

PO BOX 3845  
HOLIDAY FL 34690-0845  
US

UUU21314

2. Principal Place of Business

6321 GARLAND COURT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Port Richey, FLA

City & State

Zip

34652

Country

Zip

Country

4. FEI Number

59-2752156

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

PRATHER, JACKIE  
2337 US HWY 19  
HOLIDAY FL 34691

Name

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

9816 SAN SIERRA WAY

City

Port Richey

FL

Zip Code

34668

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
HIRSHON, JACK M.  
2337 U.S. HWY. 19  
HOLIDAY FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
6321 GARLAND COURT  
New Port Richey, FL 34652

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MOSSEY, WILLIAM J  
2337 U.S. HWY. 19  
HOLIDAY FL ☐ Delete

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

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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

JACK M. HIRSHON

Date

2/27/01 727 842-2894

Daytime Phone #

CR2E034 (10/00)