

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K98743

1. Entity Name

FORTY-TWO REALTY, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90149 040 ***150.00

Principal Place of Business

Mailing Address

~~9127 ATLANTIC BLVD.~~
~~STE 103~~
JACKSONVILLE FL 32207

P.O. BOX 551280
JACKSONVILLE FL 32255
US

00000011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6299-8 Powers Ave
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

4. FEI Number

59-2956428

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANSBACHER, LEWIS
5150 BELFORT ROAD
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

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, 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

TITLE DVS
NAME HELMING, HARLAN D.
STREET ADDRESS 2988 BERNICE DRIVE
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE DP
NAME GEFEN, LOIS I.
STREET ADDRESS 6740 N. EPPING FOREST WY
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE DT
NAME JAFFE, BARBARA GEFEN
STREET ADDRESS 6750 N. EPPING FOREST WY
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE AS
NAME GEFEN, SIDNEY
STREET ADDRESS ~~3127 ATLANTIC BLVD., STE 103~~
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
NAME
STREET ADDRESS 6299-8 Powers Ave
CITY-ST-ZIP Jacksonville, FL. 32217 ☒ Change ☐ Addition

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

TITLE
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01

Date

Daytime Phone #

CR2E034 (10/00)

0459156