

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000019

1. Entity Name

KAPLOW SHOE IMPORTS, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG -4 PM 1:25

Principal Place of Business

1080 INDUSTRIAL BLVD  
NAPLES FL 34105

Mailing Address

1080 INDUSTRIAL BLVD  
NAPLES FL 34105

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3615754

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, MICHAEL G

2171 PINE RIDGE RD, STE D

NAPLES FL 34109

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 MICHAEL G. MOORE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Managing Member  
NAME SCOTT D. GIDLOW  
STREET ADDRESS 1330 Derbyshire Ct. Apt 204E  
CITY-ST-ZIP Naples, FL 34116 ☐ Delete

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

TITLE Managing Member  
NAME MICHAEL KAPLAN  
STREET ADDRESS 4626 White Oak Ave  
CITY-ST-ZIP Encino, CA 91316 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 200003350662--5  
CITY-ST-ZIP -08/09/00--01032--031  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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  
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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SCOTT D. GIDLOW

7/10/00 (941)434-7399

Date

Daytime Phone #

CR2E083 (5/00)