

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001867

1. Entity Name

ASSOCIATION OF PROFESSIONAL BROCHURE DISTRIBUTOR

Principal Place of Business

Mailing Address

211 REED RD
ABSECON NJ 08201
US

211 REED RD
ABSECON NJ 08201-2106
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-1455484

Applied For

Not

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

MCDONOUGH, TERRY D
4191 DAIRY COURT
PORT ORANGE FL 32127

Name **BARBARA KENNEY**

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

2095 PREMIER ROW

City **ORLANDO**

FL

Zip Code
32809

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

Barbara Kenney **BARBARA A. KENNEY 1/21/2000**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **PD KEEN, SUSAN**
STREET ADDRESS **1011 HAULTAIN CT UNIT 2**
CITY-ST-ZIP **MISSISSAUGA ONT CANADA LA-W1W1**

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

TITLE ☐ Delete
NAME **TD GOLDSMITH, HENRY**
STREET ADDRESS **211 REED RD**
CITY-ST-ZIP **ABSECON NJ 08201**

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

TITLE ☐ Delete
NAME **SD KAUFMAN, MARK**
STREET ADDRESS **420 FAIRFIELD AVE.**
CITY-ST-ZIP **STAMFORD CT 06902**

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

TITLE ☐ Delete
NAME **D HOSTETTER, DAVID**
STREET ADDRESS **966 HOUSTON NORTH CUTT BLVD #P**
CITY-ST-ZIP **MT PLEASANT NC 29464**

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

TITLE ☐ Delete
NAME **VD FEARN, JONATHAN**
STREET ADDRESS **1120 JOSHUA WAY**
CITY-ST-ZIP **VISTA CA 92083**

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

TITLE ☐ Delete
NAME **D KENNEY, BARBARA**
STREET ADDRESS **2095 PREMIER ROW**
CITY-ST-ZIP **ORLANDO FL 32809**

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Henry Goldsmith **HENRY GOLDSMITH, TREASURER 1/17/00 (609)645-3292**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90126 009***61.25



DO NOT WRITE IN THIS SPACE