

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000000581

1. Entity Name

CUBCO INTERNATIONAL, INC.

Principal Place of Business

8260 HUGH ALLISON PL.  
SARASOTA FL 34240

Mailing Address

8260 HUGH ALLISON PL.  
SARASOTA FL 34240

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1062476

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

REINICKE, STEPHANIE A ESQ.  
1800 2ND ST., SUITE 803  
SARASOTA FL 34236

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 D ☐ Delete  
NAME CUBBERLEY, CHARLES W JR.  
STREET ADDRESS 8260 HUGH ALLISON PL.  
CITY-ST-ZIP SARASOTA FL 34240

TITLE D ☐ Delete  
NAME CUBBERLEY, BARBARA J  
STREET ADDRESS 8260 HUGH ALLISON PL.  
CITY-ST-ZIP SARASOTA FL 34240

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME 600004745416-4  
STREET ADDRESS -12/31/01--01080--004  
CITY-ST-ZIP \*\*\*\*150.00 \*\*\*\*150.00

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

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

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 DEC 20 PM 1:26

DO NOT WRITE IN THIS SPACE

COPY

94-378-8770

KENNETH BASS & CO., INC.  
BUSINESS & TAX CONSULTANTS  
3747 Church Road, Suite 108  
Mt. Laurel, NJ 08054  
(856) 234-4555

December 14, 2001

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find a replacement check and a signed application along with a copy of the letter and check sent on June 4, 2001. Please reinstate my client and all returns will be filed timely here on out.

Sincerely,



Kenneth Bass & Co., Inc.