

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P34650

1. Entity Name

AFFIRMATIVE MANAGEMENT, INC.

FILED

May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90106 019 \*\*\*150.00

Principal Place of Business

120 WOOSTER ST., SIXTH FLOOR  
NEW YORK NY 10012

Mailing Address

5850 T.G. LEE BLVD  
STE 345  
ORLANDO FL 32822  
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 13-3177679

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

JUBELT, PAUL C.  
5850 T G. LEE BLVD  
STE 345  
ORLANDO FL 32822

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	JUBELT, ANDREW D.	
STREET ADDRESS	120 WOOSTER ST SIXTH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10012	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JUBELT, PAUL C.	
STREET ADDRESS	1327 WEATERWITCH COVE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	HARVATIN, JOHN J.	
STREET ADDRESS	5 SLEEPY HOLLOW	
CITY-ST-ZIP	LAKE GROVE NY 11755	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E034 (10/00)