

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000012184

1. Entity Name

SOFORENKO BEE HOMES, INC.

FILED

Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90121 017 ***150.00

Principal Place of Business

Mailing Address

1440 HICKMAN RD
203
JACKSONVILLE FL 32216
US

4215 SOUTHPPOINT BLVD.
SUITE 100
JACKSONVILLE FL 32216-6191
US

2. Principal Place of Business

P.O. Box 551260
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 551260
Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip
32255

Country

Zip
32255

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3225825

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANSBACHER, LEWIS
4215 SOUTHPPOINT BLVD.
100 NATIONAL FINANCIAL BLDG.
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name
Lewis Ansbacher
Street Address (P.O. Box Number is Not Acceptable)
5150 Belfort Road
Building 100
City
Jacksonville FL Zip Code
32256

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

3/15/00

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
AVPS
SASSARD, CHERYL
4215 SOUTHPPOINT BLVD, SUITE 100
JACKSONVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/S
Sassard, Cheryl
5150 Belfort Road #100
Jacksonville, FL 32256 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SHEFFIELD, TOM
1440 HICKMAN RD
JACKSONVILLE FL 32216 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VST
SHEFFIELD, SUSAN
1440 HICKMAN RD
JACKSONVILLE FL 32216 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE
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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:

Cheryl E. Sassard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)