

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 08, 2000 08:00 AM
Secretary of State

DOCUMENT # 698955

1. Entity Name
 THE GALBRAITH MANAGEMENT COMPANY, INC.

Principal Place of Business 400 E. SOUTH STREET, STE. 500 ORLANDO FL 32801	Mailing Address 400 E. SOUTH STREET, STE. 500 ORLANDO FL 32801
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2. Principal Place of Business 450 S. ORANGE AVENUE Suite, Apt. #, etc.	3. Mailing Address 450 S. ORANGE AVENUE Suite, Apt. #, etc.
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City & State ORLANDO FL	City & State ORLANDO FL
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4. FEI Number 59-2114466	Applied For <input type="checkbox"/> Not Applicable
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Zip 32801	Country US	Zip 32801	Country US
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BOURNE, ROBERT A
 400 E. SOUTH STREET, STE. 500
 ORLANDO FL 32801 US

7. Name and Address of New Registered Agent

Name BOURNE ROBERT A
Street Address (P.O. Box Number is Not Acceptable) 450 S. ORANGE AVENUE
City ORLANDO FL Zip Code 32801

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 **ROBERT A. BOURNE**

03/08/2000

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, 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

TITLE	PD <input type="checkbox"/> Delete
NAME	GALBRAITH, JAMES C
STREET ADDRESS	400 E SOUTH STREET, SUITE 500
CITY-ST-ZIP	ORLANDO, FL 00000 32801
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALBRAITH JAMES C
STREET ADDRESS	450 S. ORANGE AVENUE
CITY-ST-ZIP	ORLANDO FL 32801
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME	
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: JAMES C. GALBRAITH

PD 03/08/2000