

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 434140

1. Entity Name

CORBETT MANAGEMENT, INC

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90991 036 ***150.00

Principal Place of Business

Mailing Address

998 BELLEVUE AVENUE

998 BELLEVUE AVENUE

P.O. BOX 2556

P.O. BOX 2556

DAYTONA BEACH FL 32114-5162

DAYTONA BEACH FL 32114-5162

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1495669

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

CORBETT, PATRICK E.
998 BELLEVUE AVENUE
DAYTONA BEACH FL 32015

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, 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	P	<input type="checkbox"/> Delete
NAME	CORBETT, PATRICK E	
STREET ADDRESS	142 CORAL CIRCLE	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CORBETT, ELIZABETH C.	
STREET ADDRESS	PO BOX 2655- N/A	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIBSON, SADIE F	
STREET ADDRESS	345 WILDER BLVD.	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORBETT, PATRICK E	
STREET ADDRESS	142 CORAL CIRCLE	
CITY-ST-ZIP	DAYTONA BCH FL	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1908 S. PENINSULA DR.
CITY-ST-ZIP	DAYTONA BEACH, FL. 32118
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	153 BRYAN CAVE RD.
CITY-ST-ZIP	SOUTH DAYTONA, FL. 32119
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	998 BELLEVUE AVE.
CITY-ST-ZIP	DAYTONA BEACH, FL. 32115
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1908 S. PENINSULA DR.
CITY-ST-ZIP	DAYTONA BEACH, FL. 32118
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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)