

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G56630

1. Entity Name

FLORIDA MANAGEMENT CONTROL, INC.

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90088 028 \*\*\*150.00

Principal Place of Business

2822 PROCTOR ROAD  
STE A  
SARASOTA FL 34231  
US

Mailing Address

2822 PROCTOR RD  
STE A  
SARASOTA FL 34231-6444  
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

59-2324731

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

GORRIE, GRAEME G.  
9330 CLUBSIDE CIRCLE, APT 3301  
SARASOTA FL 34231

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DP	GORRIE, GRAEME G	9330 CLUBSIDE CIRCLE, APT 3301	SARASOTA, FL 00000				
DV	GORRIE, BRENNAN	9330 CLUBSIDE CIRCLE, APT 3301	SARASOTA FL				
DS	COTTER, DORENE	5377 LAKE ARROWHEAD TR.	SARASOTA FL				
DV	GOFFINET, CATHERINE V.	3772 KOSTEN	SARASOTA FL				

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:

*Catherine V. Goffinet*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-13-00

941-924-8577

CR2E034 (9/99)