

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90123 006 ***158.75

DOCUMENT # K55572

1. Entity Name

WESTBROOK SERVICE CORPORATION

Principal Place of Business

1411 S. ORANGE BLOSSOM TRAIL
 ORLANDO FL 32805

Mailing Address

1411 S. ORANGE BLOSSOM TRAIL
 ORLANDO FL 32805-4557

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

59-2924166

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COATS, ROSETTA C.
1411 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32805

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 Delete
 NAME **DCP MATTHEWS, OWEN STROUD**
 STREET ADDRESS **2034 COVE TRAIL**
 CITY-ST-ZIP ~~MAITLAND FL~~ **Winter Park Fl 32789**

TITLE Change Addition
 NAME **T Kenton S. Keeling**
 STREET ADDRESS **1918 Kimberwicke Circle**
 CITY-ST-ZIP **Orlando Fl 32765**

TITLE Delete
 NAME **D PORCH, RALPH RICHARD**
 STREET ADDRESS **411 WESTMINSTER ST**
 CITY-ST-ZIP **ORLANDO FL**

TITLE Change Addition
 NAME **3737 VALERIA GRAYSON**
 STREET ADDRESS **Orlando Fl 32817**

TITLE Delete
 NAME **VPD KENNETH J SASS**
 STREET ADDRESS **134 NEVADA CT**
 CITY-ST-ZIP **DAVENPORT FL 33837**

TITLE Change Addition
 NAME **816 Howard Terrace NW**
 STREET ADDRESS **Winter Haven Fl 33881**

TITLE Delete
 NAME **D FABER, CRAIG OWEN**
 STREET ADDRESS **816 HOWARD TERRACE NW**
 CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE Change Addition
 NAME **5011 WIDO ST**
 STREET ADDRESS **ORLANDO FL 32807**

TITLE Delete
 NAME **TVD GLANCY, DANIEL G**
 STREET ADDRESS **17 S. WESTMORELAND DR.**
 CITY-ST-ZIP **ORLANDO FL 32805**

TITLE Change Addition
 NAME **VD**
 STREET ADDRESS **210 NE TRIPLETT DR.**
 CITY-ST-ZIP **Casselberry Fl 32707**

TITLE Delete
 NAME **D HAMILTON, ROBERT DWAIN**
 STREET ADDRESS **4384 CARROLWOOD ST.**
 CITY-ST-ZIP **ORLANDO FL 32812**

TITLE Change 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-2000
 Date

407-841-3310
 Daytime Phone #

CR2E034 (9/99)