

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K55594

1. Entity Name

WESTBROOK MANAGEMENT CORPORATION

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90042 002 ***158.75

Principal Place of Business Mailing Address
 1411 S. ORANGE BLOSSOM TRAIL 1411 S. ORANGE BLOSSOM TRAIL
 ORLANDO FL 32805 ORLANDO FL 32805-4557

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2924163

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

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

TITLE	DPC	<input type="checkbox"/> Delete
NAME	MATTHEWS, OWEN STROUD	
STREET ADDRESS	2034 COVE TRAIL	
CITY-ST-ZIP	MATLAND FL Winter Park 36 32789	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAMILTON, ROBERT D	
STREET ADDRESS	4384 CAROLWOOD ST	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENNETH J SASS	
STREET ADDRESS	816 HOWARD TERRACE NW	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input type="checkbox"/> Delete
NAME	FABER, CRAIG OWEN	
STREET ADDRESS	17 S. WESTMORELAND DR.	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	GLANCY, DANIEL G.	
STREET ADDRESS	5409 ENDICOTT PLACE	
CITY-ST-ZIP	OVIEDO FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	COATS, ROSETTA C.	
STREET ADDRESS	1411 S ORANGE BLOSM TRL	
CITY-ST-ZIP	ORLANDO FL 32805	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenton S. Keiling	
STREET ADDRESS	1918 Kimberwicke Circle	
CITY-ST-ZIP	Oviedo FL 32765	
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	MDV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	210 NE TRIPLET Dr.	
CITY-ST-ZIP	Casselberry FL 32707	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-2000

407-841-3310