

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90294 040 ***158.75

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DOCUMENT # K55594

1. Entity Name

WESTBROOK MANAGEMENT CORPORATION

Principal Place of Business

**1411 S. ORANGE BLOSSOM TRAIL
 ORLANDO FL 32805**

Mailing Address

**1411 S. ORANGE BLOSSOM TRAIL
 ORLANDO FL 32805**

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

59-2924163

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

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

7. Name and Address of New Registered Agent

Name **PETERLIN, CYNTHIA**

Street Address (P.O. Box Number is Not Acceptable)

1411 SOUTH ORANGE BLOSSOM TRAIL

City

ORLANDO

FL

Zip Code
32805

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, 2002 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 ☐ Delete
 NAME **DPC**
 STREET ADDRESS **MATTHEWS, OWEN STROUD**
 CITY-ST-ZIP **2034 COVE TRAIL
 WINTER PARK FL 32789**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **KEILING, KENTON S**
 CITY-ST-ZIP **1918 KIMBERWICKE CIRCLE
 OVIEDO FL 32765**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **KENNETH J SASS**
 CITY-ST-ZIP **816 HOWARD TERRACE NW
 WINTER HAVEN FL 33881**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **FABER, CRAIG OWEN**
 CITY-ST-ZIP **17 S. WESTMORELAND DR.
 ORLANDO FL 32805**

TITLE ☐ Delete
 NAME **DV**
 STREET ADDRESS **GLANCY, DANIEL G.**
 CITY-ST-ZIP **210 NE TRIPLET DRIVE
 CASSELBERRY FL 32707**

TITLE ☒ Delete
 NAME **S**
 STREET ADDRESS **COATS, ROSETTA C.**
 CITY-ST-ZIP **1411 S ORANGE BLOSM TRL
 ORLANDO FL 32805**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **DCCEO**
 STREET ADDRESS **MATTHEWS, OWEN STROUD**
 CITY-ST-ZIP **2034 COVE TRAIL
 WINTER PARK FL 32789**

TITLE ☐ Change ☒ Addition
 NAME **S**
 STREET ADDRESS **PETERLIN, CYNTHIA**
 CITY-ST-ZIP **5514 SATEL DRIVE
 ORLANDO FL 32810**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **THURMAN, DAVID JONATHAN**
 CITY-ST-ZIP **237 ARNOLD AVE
 LONGWOOD FL 32750**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02
 Date

(407) 841-3310
 Daytime Phone #

CR2E034 (9/01)