

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90960 025 \*\*\*158.75

SECRETARY

**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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

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**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**PETERLIN, CYNTHIA**  
**1411 S. ORANGE BLOSSOM TRAIL**  
**ORLANDO FL 32805**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPC</b> <b>MATTHEWS, OWEN STROUD</b> <input type="checkbox"/> Delete <b>2034 COVE TRAIL</b> <b>WINTER PARK FL 32789</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KEILING, KENTON S</b> <input type="checkbox"/> Delete <b>1918 KIMBERWICKE CIRCLE</b> <b>OVIDO FL 32765</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PETERLIN, CYNTHIA</b> <input type="checkbox"/> Delete <b>5514 SATEL DR</b> <b>ORLANDO FL 32810</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FABER, CRAIG OWEN</b> <input type="checkbox"/> Delete <b>17 S. WESTMORELAND DR.</b> <b>ORLANDO FL 32805</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>GLANCY, DANIEL G.</b> <input type="checkbox"/> Delete <b>210 NE TRIPLET DRIVE</b> <b>CASSELBERRY FL 32707</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THURMAN, DAVID JONATHAN</b> <input type="checkbox"/> Delete <b>237 ARNOLD AVE</b> <b>LONGWOOD FL 32750</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCEO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MATTHEWS, OWEN STROUD</b> <b>2034 COVE TRAIL</b> <b>WINTER PARK FL 32789</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ROBERTS, JAMES</b> <b>1748 COLEEN DRIVE</b> <b>ORLANDO FL 32809</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>GLANCY, DANIEL G</b> <b>210 NE TRIPLET DRIVE</b> <b>CASSELBERRY FL 32707</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>THURMAN, DAVID JONATHAN</b> <b>114 WATER OAK LANE</b> <b>ALTAMONTE SPGS FL 32714</b>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED **4/3/03** **407-841-3310**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)