

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000099926

1. Entity Name

SECOR MANAGEMENT, INC.

Principal Place of Business

Mailing Address

510 13TH AVE.  
SEBRING FL 33872

510 13TH AVE.  
SEBRING FL 33872

2. Principal Place of Business

SECOR MANAGEMENT, INC

3. Mailing Address

SECOR MANAGEMENT, INC

Suite, Apt. #, etc.

1921 BAMBI COURT

Suite, Apt. #, etc.

P.O. Box 1449

City & State

SEBRING, FLORIDA

City & State

SEBRING, FLORIDA

Zip

33875

Country

HIGHLANDS

Zip

33871

Country

HIGHLANDS

6. Name and Address of Current Registered Agent

DISLER, MICHAEL M  
329 S. COMMERCE AVE.  
SEBRING FL 33870

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.

SIGNATURE

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*[Signature]*  
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, 2001 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	P	<input type="checkbox"/> Delete
NAME	SECOR, MICHAEL	
STREET ADDRESS	510 13TH AVE. 1921 BAMBI COURT	
CITY-ST-ZIP	SEBRING FL 33872 33875	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DISLER, MICHAEL M	
STREET ADDRESS	329 S. COMMERCE AVE.	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	<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	<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)(l), 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 lines empowered.

SIGNATURE:

*[Signature]* MICHAEL SECOR PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/12/01 (863) 385-5786

Daytime Phone #

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90018 008 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0532556

CR2E034 (10/00)