

2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 18, 2002 8:00 am
Secretary of State

05-13-2002 90088 024 ***150.00

DOCUMENT # **P01000036855**

1. Entity Name

Bray & Gillespie VI Management, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

600 North Atlantic Avenue

Suite, Apt. #, etc.

3. Mailing Address

600 North Atlantic Avenue

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

City & State

Daytona Beach, FL

Zip

32118

Country

USA

Zip

32118

Country

USA

4. FEI Number

Applied For

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Michael B. Denberg, Esq.**

Street Address (P.O. Box Number is Not Acceptable)
201 Alhambra Circle, Suite 601

City **Coral Gables**

FL

33134

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

MICHAEL B. DENBERG

(NOTE: Registered Agent signature required when reinstating)

6/12/02

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP
Director	Charles Bray	600 North Atlantic Avenue	Daytona Beach, FL 32118
Director	Joseph Gillespie	600 North Atlantic Avenue	Daytona Beach, FL 32118
Director	Michael B. Denberg Esq.	600 North Atlantic Avenue	Daytona Beach, FL 32118
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/02

Date

386-267-1603

Daytime Phone #