

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/1/2003-90357-045-\$150.00-\$150.00 \*  
9/5/2003-90116-004-\$550.00-\$550.00

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AN

DOCUMENT # P01000036855

1. Entity Name  
BRAY & GILLESPIE VI MANAGEMENT, INC.



03 SEP 22 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
600 NORTH ATLANTIC AVE.  
DAYTONA BEACH FL 32118

Mailing Address  
600 NORTH ATLANTIC AVE.  
DAYTONA BEACH FL 32118



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

90-0019747

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

DENBARG, MICHAEL B ESQ  
201 ALHAMBRA CIRCLE, SUITE 601  
CORAL GABLES FL 33134

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 D ☐ Delete  
NAME BRAY, CHARLES  
STREET ADDRESS 600 NORTH ATLANTIC AVENUE  
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE D ☐ Delete  
NAME GILLESPIE, JOSEPH  
STREET ADDRESS 600 NORTH ATLANTIC AVENUE  
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE D ☐ Delete  
NAME DENBARG, MICHAEL B ESQ  
STREET ADDRESS 201 ALHAMBRA CIRCLE SUITE 601  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/03 386-267-1603

Date

Daytime Phone #

CR2E034 (4/03)