

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90376 031 \*\*\*158.75

**DOCUMENT # P92000000959**

1. Entity Name

**ABR MANAGEMENT OF DAYTONA, INC.**

Principal Place of Business

**1260 NORTH ATLANTIC AVE.  
DAYTONA BEACH FL 32118**

Mailing Address

**C/O 2665 SOUTH BAYSHORE DR.  
SUITE 603  
MIAMI FL 33133  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

**c/o Marsha Madorsky  
100 SE 2nd Street  
Suite 4000**

City &amp; State

**Miami, Florida**Zip  
**33131**

Country

4. FEI Number **59-3149907**

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MADORSKY, MARSHA G., ESQ.  
2665 S. BAYSHORE DR., SUITE 603  
MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name

**MARSHA G. MADORSKY, ESQ.**

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

**100 S.E. 2nd Street****Suite 4000**

City

**Miami****FL**

Zip Code

**33131**

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, 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	PD	<input type="checkbox"/> Delete
NAME	CORRIGAN, JAMES	
STREET ADDRESS	5665 ISLAND PARK DRIVE	
CITY-ST-ZIP	MANOTICK ONTARIO CA	
TITLE	TS	<input type="checkbox"/> Delete
NAME	MADORSKY, MARSHA	
STREET ADDRESS	2665 S. BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL	
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	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHA G. MADORSKY	
STREET ADDRESS	100 SE 2nd Street, Suite 4000	
CITY-ST-ZIP	Miami, Florida 33131	
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)(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

MAR 20 / 2001 9042557431

Date

Daytime Phone #

CR2E034 (10/00)