

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000013245**

1. Entity Name

CORSAIR CAPITAL CORPORATION**FILED****Feb 19, 2001 8:00 am
Secretary of State**

02-19-2001 90017 005 ***150.00

Principal Place of Business

**1000 SE MONTEREY COMMONS BLVD
SUITE 300
STUART FL 34996
US**

Mailing Address

**P O BOX 2757
1903 S. 25TH ST. -STE 200
FT. PIERCE FL 34954**

R0000001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0472651**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOHL, N. DEAN JR.
1903 S. 25TH ST. STE 200
FORT PIERCE FL 34947**

Name

MICHAEL D. MINTON

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

1903 S. 25TH STREET, SUITE 200

City

FORT PIERCE**FL**

Zip Code

34947

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)

1/4/2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MORRIS, E. DANIEL	
STREET ADDRESS	1000 SE MONTEREY COMMONS BLVD #300	
CITY-ST-ZIP	STUART FL 34996	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	SABIN, CHARLES H	
STREET ADDRESS	182 S E HARBOR POINT DRIVE	
CITY-ST-ZIP	STUART FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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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: *E. Daniel Morris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. DANIEL MORRIS

Date

561-286-2640

Daytime Phone #

CR2E034 (10/00)