

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED

Jul 11, 2000 8:00 am  
Secretary of State

05-18-2000 90353 025 \*\*\*158.75

DOCUMENT # P98000082367

1. Entity Name

NEWCORP MANAGEMENT SERVICES, INC.

Principal Place of Business

400 EAST SEMORAN BLVD. #202  
CASSELBERRY FL 32707

Mailing Address

400 EAST SEMORAN BLVD. #202  
CASSELBERRY FL 32707-4975

2. Principal Place of Business

460 E HWY 436

Suite, Apt. #, etc.

SUITE 200

City & State

Casselberry, FL

Zip

32707

Country

USA

3. Mailing Address

460 E. HWY 436

Suite, Apt. #, etc.

SUITE 200

City & State

Casselberry, FL

Zip

32707

Country

USA



DO NOT WRITE IN THIS SPACE

59-3654598

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

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

BANNISTER, SUZANNE M  
400 EAST SEMORAN BLVD. #202  
CASSELBERRY FL 32707

Name

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

460 E. HWY 436

SUITE 200

City

Casselberry

FL

Zip Code

32707

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

*Suzanne Bannister*

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

(NOTE: Registered Agent signature required when reinstating)

4/28/00

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, 2000 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 ☐ Delete  
NAME D  
STREET ADDRESS BANNISTER, SUZANNE M 460 E. HWY 436  
CITY-ST-ZIP 400 EAST SEMORAN BLVD. #202 SUITE 200  
CASSELBERRY FL 32707

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Suzanne Bannister*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

407-831-8044

Daytime Phone #

CR2E034 (9/99)