

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2001 8:00 am**  
**Secretary of State**

01-09-2001 90017 047 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P99000059092**

1. Entity Name  
**STANBROUGH CORPORATION**

Principal Place of Business  
**680 ISLAND WAY  
#610  
CLEARWATER FL 33767**

Mailing Address  
**680 ISLAND WAY  
#610  
CLEARWATER FL 33767**

2. Principal Place of Business  
**702 SNUG ISLAND**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.  
**CLEARWATER, FL**

Suite, Apt. #, etc.  
**CLEARWATER, FL**

City & State  
**CLEARWATER, FL**

City & State  
**CLEARWATER, FL**

Zip  
**33767**

Country  
**PINELLAS**

Zip  
**33767**

Country  
**PINELLAS**

4. FEI Number **59-3602436**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**STANBROUGH, GENE W  
680 ISLAND WAY  
#610  
CLEARWATER FL 33767**

7. Name and Address of New Registered Agent  
Name **STANBROUGH, GENE W.**  
Street Address (P.O. Box Number is Not Acceptable)  
**702 SNUG ISLAND**  
City **CLEARWATER** FL **33767**

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 *Gene W. Stanbrough Pres.*  
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. ☐ **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 <b>PT</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STANBROUGH, GENE W</b>		NAME	
STREET ADDRESS <b>680 ISLAND WAY #610 702 SNUG ISLAND</b>		STREET ADDRESS	
CITY-ST-ZIP <b>CLEARWATER FL 33767</b>		CITY-ST-ZIP	
TITLE <b>VPS</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STANBROUGH, ETHEL M</b>		NAME	
STREET ADDRESS <b>680 ISLAND WAY #610 702 SNUG ISLAND</b>		STREET ADDRESS	
CITY-ST-ZIP <b>CLEARWATER FL 33767</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Gene W. Stanbrough Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-5-01** Daytime Phone # **727-445-9465**

CR2E034 (10/00)