

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90213 001 *1,500.00

DOCUMENT # 357006

1. Entity Name
BURT AND SCHELD FACULTATIVE CORPORATION

Principal Place of Business 140 SOUTH ATLANTIC AVENUE SUITE 400 ORMOND BEACH FL 32176 US	Mailing Address 140 SOUTH ATLANTIC AVENUE SUITE 400 ORMOND BEACH FL 32176 US
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38722



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 59-1283020	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent
**ORMOND RE GROUP, INC.
 140 SOUTH ATLANTIC AVENUE
 SUITE 400
 ORMOND BEACH FL 32176**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 SVTD	<input type="checkbox"/> Delete
NAME LONG, WILLIAM T	
STREET ADDRESS 140 SOUTH ATLANTIC AVENUE, SUITE 400	
CITY-ST-ZIP ORMOND BEACH FL 32176	
TITLE PD	<input type="checkbox"/> Delete
NAME BURT, W L	
STREET ADDRESS 140 SOUTH ATLANTIC AVENUE, SUITE 400	
CITY-ST-ZIP ORMOND BEACH FL 32176	
TITLE EVSD	<input type="checkbox"/> Delete
NAME DEINER, JOHN B.	
STREET ADDRESS 140 SOUTH ATLANTIC AVENUE, SUITE 400	
CITY-ST-ZIP ORMOND BEACH FL 32176	
TITLE SVD	<input type="checkbox"/> Delete
NAME DIPARDO, ANTHONY L	
STREET ADDRESS 140 SOUTH ATLANTIC AVENUE, SUITE 400	
CITY-ST-ZIP ORMOND BEACH FL 32176	
TITLE VP	<input type="checkbox"/> Delete
NAME HARTZ, A.J.	
STREET ADDRESS 140 SOUTH ATLANTIC AVENUE, SUITE 400	
CITY-ST-ZIP ORMOND BEACH FL 32176	
TITLE AV B	<input type="checkbox"/> Delete
NAME BUTCKA, A A	
STREET ADDRESS 140 SOUTH ATLANTIC AVENUE, SUITE 400	
CITY-ST-ZIP ORMOND BEACH FL 32176	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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: William T. Long
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/16/2001 Daytime Phone #: (904) 677-4153

CR2E034 (10/00)