

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

0019622 AV

04-08-2002 90155 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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1283020	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	SVTD LONG, WILLIAM T 140 SOUTH ATLANTIC AVENUE, SUITE 400 ORMOND BEACH FL 32176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURT, W L 140 SOUTH ATLANTIC AVENUE, SUITE 400 ORMOND BEACH FL 32176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVSD DEINER, JOHN B. 140 SOUTH ATLANTIC AVENUE, SUITE 400 ORMOND BEACH FL 32176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD DIPARDO, ANTHONY L 140 SOUTH ATLANTIC AVENUE, SUITE 400 ORMOND BEACH FL 32176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARTZ, A.J. 140 SOUTH ATLANTIC AVENUE, SUITE 400 ORMOND BEACH FL 32176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV B BUTCKA, A A 140 SOUTH ATLANTIC AVENUE, SUITE 400 ORMOND BEACH FL 32176 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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* Date: 4/5/2002 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (9/01)