

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED

May 22, 2001 8:00 am  
Secretary of State

04-17-2001 90107 002 \*\*\*150.00

DOCUMENT # 218386

1. Entity Name

BURROUGHS HOLDING CO. INC.

Principal Place of Business

Mailing Address

BURROUGHS HOLDING CO.  
P. O. BOX 77  
ORTEGA STATION  
JACKSONVILLE, FL 32210

2626 APACHE AV.  
JACKSONVILLE, FL 32210

2. Principal Place of Business

2626 APACHE AV.  
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 77 ORTEGA STATION  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

45732

City & State

JACKSONVILLE FL.

City & State

JACKSONVILLE FL.

4. FEI Number

Applied For

Not Applicable

Zip

32210

Country

DUVAL

Zip

32210

Country

DUVAL

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

R.B. BURROUGHS  
P. O. BOX 77  
ORTEGA STATION  
JACKSONVILLE, FL 32210

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

APR 4, 2001

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	R.B. BURROUGHS	
STREET ADDRESS	2626 APACHE AV.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	V. PRES. SEC.	<input type="checkbox"/> Delete
NAME	R.B. BURROUGHS	
STREET ADDRESS	2626 APACHE AV.	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-324-2705

CR2E034 (11/00)