

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90140 037 ***150.00

DOCUMENT # 483703

1. Entity Name

BURKE-LEHMAN INSURANCE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2173 NE COACHMAN RD CLEARWATER FL 34625	Mailing Address 2173 NE COACHMAN RD CLEARWATER FL 33765-2616
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Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-1613670	Applied For <input type="checkbox"/>
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BURKE, EDMUND R.
1961 EGRET DRIVE
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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

This corporation is eligible to satisfy its intangible 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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ADDRESS ZIP	DELETE <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHANGE <input type="checkbox"/>	ADDITION <input type="checkbox"/>
PD BURKE, EDMUND R 1961 EGRET DRIVE PALM HARBOR FL	<input type="checkbox"/>			
D DAY, WILLIAM T 1831 BEVERLY CIRCLE CLEARWATER FL	<input type="checkbox"/>			
D BURKE, LINDA L. 1961 EGRET DR. PALM HARBOR FL	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

CR2E034 (9/99)

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 furnished 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 applicable, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda L. Burke LINDA L. Burke 1-20-00 (727) 441-4914
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #