

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90099 005 \*\*\*150.00

0081622

**DOCUMENT # 638057**

1. Entity Name

**ROBERT T. BURGER, P.A.**

Principal Place of Business

**1901 HIGHWAY A1A  
INDIAN HARBOUR BEACH FL 32937**

Mailing Address

**1901 HIGHWAY A1A  
INDIAN HARBOUR BEACH FL 32937**

117490

2. Principal Place of Business

**200 S. Harbor City Blvd.**

3. Mailing Address

**200 S. Harbor City Blvd.**

Suite, Apt. #, etc.  
**Suite 303**

Suite, Apt. #, etc.  
**Suite 303**



DO NOT WRITE IN THIS SPACE

City & State  
**Melbourne, FL**

City & State  
**Melbourne, FL**

4. FEI Number **59-1939077**

Applied For  
Not Applicable

Zip Country  
**32901 Brevard**

Zip Country  
**32901 Brevard**

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

6. Name and Address of Current Registered Agent

**BURGER, ROBERT T.  
1901 HIGHWAY A1A, SUITE 6  
INDIAN HARBOUR BEACH FL 32937**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**200 S. Harbor City Blvd., Suite 303**  
City **FL** Zip Code **32901**

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

*Robert T. Burger*

11/17/01

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. (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 **PD** ☐ Delete  
NAME **BURGER, ROBERT T.**  
STREET ADDRESS **1901 HIGHWAY A1A, #6**  
CITY-ST-ZIP **INDIAN HARB.BCH FL**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **200 S. Harbor City Blvd., Suite 303**  
CITY-ST-ZIP **Melbourne, FL 32901**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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NAME  
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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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-01 321-984-9100  
Date Daytime Phone #

CR2E034 (10/00)