

# 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
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117490



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 200 S. Harbor City Blvd.	3. Mailing Address 200 S. Harbor City Blvd.
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Suite, Apt. #, etc. Suite 303	Suite, Apt. #, etc. Suite 303
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City & State Melbourne, FL	City & State Melbourne, FL
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4. FEI Number 59-1939077	Applied For <input type="checkbox"/> Not Applicable
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Zip 32901	Country Brevard	Zip 32901	Country Brevard
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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

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

Name	
Street Address (P.O. Box Number is Not Acceptable)	200 S. Harbor City Blvd., Suite 303
City	Melbourne
State	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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURGER, ROBERT T. 1901 HIGHWAY A1A, #6 INDIAN HARB.BCH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 S. Harbor City Blvd., Suite 303 Melbourne, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 title empowered.

SIGNATURE: *Robert T. Burger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CR2E034 (10/00)