

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 805465

1. Entity Name

BURNS AND ROE ENTERPRISES, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90042 038 \*\*\*150.00

Principal Place of Business

Mailing Address

700 KINDERKAMACK RD.  
ORADELL NJ 07649

700 KINDERKAMACK RD.  
ORADELL NJ 07649-1533

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-4978230

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

*DAVID M. ROE*  
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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCEO ☐ Delete  
NAME ROE, K. KEITH  
STREET ADDRESS 800 KINDER KAMACK RD  
CITY-ST-ZIP ORADELL, NJ

TITLE TREASURER ☐ Change ☒ Addition  
NAME MICHAEL A MARCOPOLO  
STREET ADDRESS 800 KINDERKAMACK ROAD  
CITY-ST-ZIP ORADELL, NJ 07649

TITLE VCPV ☐ Delete  
NAME ROE, RANDALL B.  
STREET ADDRESS 1400 K ST NW  
CITY-ST-ZIP WASHINGTON DC

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

TITLE DV ☐ Delete  
NAME ROE, HOLLACE L.  
STREET ADDRESS 800 KINDER KAMACK RD  
CITY-ST-ZIP ORADELL NJ

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

TITLE VS ☐ Delete  
NAME DOYLE, CHARLES A.  
STREET ADDRESS 800 KINDER KAMACK RD  
CITY-ST-ZIP ORADELL NJ

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

TITLE D ☐ Delete  
NAME RALPH C ROE II  
STREET ADDRESS 800 KINDER KAMACK RD  
CITY-ST-ZIP ORADELL NJ

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

TITLE VPCF ☐ Delete  
NAME SMITH, RUSSELL F. JR.  
STREET ADDRESS 800 KINDER KAMACK RD  
CITY-ST-ZIP ORADELL NJ

TITLE ☐ Change ☐ 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 #

4/7/00

(201) 986-4670

CR2E034 (9/99)