

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F22934

1. Entity Name

ROURKE ENTERPRISES, INC.

**FILED**  
Feb 07, 2001 8:00 am  
Secretary of State

02-07-2001 90150 028 \*\*\*150.00

Principal Place of Business

3407 OCEAN DR  
VERO BCH FL 32963

Mailing Address

65 SADDLEBACK LANE/BALLYMEADE  
E. FALMOUTH MA 02536  
US

713322



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4100 N AIA

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

433

City & State

FT PIERCE FL

City & State

4. FEI Number 59-2082566

Applied For

Not Applicable

Zip

34949

Country

USA

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

ROURKE, RAYMOND L  
65 SADDLEBACK LN-BALLYMEADE  
E. FALMOUTH FL 02536

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

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

TITLE DP ☐ Delete  
NAME ROURKE, RAYMOND L  
STREET ADDRESS 65 SADDLEBACK LANE/BALLYMEADE  
CITY-ST-ZIP E. FALMOUTH MA 02536

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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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: Raymond L Rourke RAYMOND L. ROURKE

2/3/01

561-165-7647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)