

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2001 8:00 am**  
**Secretary of State**

08-21-2001 90006 026 \*\*\*558.75

0136417 AT

**DOCUMENT # F99000006019**

1. Entity Name

**BURK-KLEINPETER, INC.**

Principal Place of Business

**4176 CANAL STREET  
 NEW ORLEAS LA 70119**

Mailing Address

**4176 CANAL STREET  
 NEW ORLEAS LA 70119**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE.

4. FEI Number

**72-1175112**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**C-T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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          | CD                        | <input type="checkbox"/> Delete |
| NAME           | BURKE, WILLIAM R III      |                                 |
| STREET ADDRESS | 4176 CANAL STREET         |                                 |
| CITY-ST-ZIP    | NEW ORLEANS LA 70119      |                                 |
| TITLE          | P                         | <input type="checkbox"/> Delete |
| NAME           | KLEINPETER, GEORGE C      |                                 |
| STREET ADDRESS | 4176 CANAL STREET         |                                 |
| CITY-ST-ZIP    | NEW ORLEANS LA 70119      |                                 |
| TITLE          | V                         | <input type="checkbox"/> Delete |
| NAME           | ARMBRUSTER, JAMESE W      |                                 |
| STREET ADDRESS | 4176 CANAL STREET         |                                 |
| CITY-ST-ZIP    | NEW ORLEANS LA 70119      |                                 |
| TITLE          | D                         | <input type="checkbox"/> Delete |
| NAME           | JACKSON, MICHAEL L        |                                 |
| STREET ADDRESS | 4176 CANAL STREET         |                                 |
| CITY-ST-ZIP    | NEW ORLEANS LA 70119      |                                 |
| TITLE          | D                         | <input type="checkbox"/> Delete |
| NAME           | BADON, BRUCE L            |                                 |
| STREET ADDRESS | 4176 CANAL STREET         |                                 |
| CITY-ST-ZIP    | NEW ORLEANS LA 70119      |                                 |
| TITLE          | V                         | <input type="checkbox"/> Delete |
| NAME           | GIARDINA, J.W. "BILL" JR. |                                 |
| STREET ADDRESS | 4176 CANAL STREET         |                                 |
| CITY-ST-ZIP    | NEW ORLEANS LA 70119      |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                                                   |
|----------------|-------------------------------------------------------------------|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*James W. Armbruster*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES W. ARMBRUSTER**

8/16/01

504-486-5901

Date

Daytime Phone #

CR2E034 (5/01)