

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G42480

1. Entity Name

BURGOON-BERGER CONSTRUCTION CORPORATION

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90125 033 \*\*\*158.75

Principal Place of Business

2191 JULIAN AVENUE NORTHEAST  
 PALM BAY FL 32905

Mailing Address

2191 JULIAN AVENUE NORTHEAST  
 PALM BAY FL 32905-4343

2. Principal Place of Business

4520 DIXIE HWY, N.E.

Suite, Apt. #, etc.

3. Mailing Address

4520 DIXIE HWY, N.E.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PALM BAY, FL

City & State

PALM BAY, FL

4. FEI Number

59-2312638

Applied For

Not Applicable

Zip

32905

Country

USA

Zip

32905

Country

USA

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

BERGER, ROBERT K.  
 1998 MATTISON DR. NE  
 PALM BAY FL 32905

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, 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 **P** ☐ Delete  
 NAME **BERGER, ROBERT K.**  
 STREET ADDRESS **1998 MATTISON DR., NE**  
 CITY-ST-ZIP **PALM BAY FL**

TITLE **C** ☒ Change ☐ Addition  
 NAME **BERGER, ROBERT**

TITLE **V** ☐ Delete  
 NAME **BURGOON, JOHN M.**  
 STREET ADDRESS **736 HUNTINGTON ST, N.E.**  
 CITY-ST-ZIP **PALM BAY FL**

TITLE **P** ☒ Change ☐ Addition  
 NAME **BURGOON, JOHN M.**  
 STREET ADDRESS **3445 CRISTA JEAN AVE. S.E.**  
 CITY-ST-ZIP **PALM BAY, FL 32909**

TITLE **DST** ☐ Delete  
 NAME **BERGER, KATHLEEN A.**  
 STREET ADDRESS **1998 MATTISON DR. NE**  
 CITY-ST-ZIP **PALM BAY FL**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V** ☐ Change ☒ Addition  
 NAME **DURRANT, DOUGLAS M.**  
 STREET ADDRESS **751 DIXIE TERRACE**  
 CITY-ST-ZIP **SEBASTIAN, FL 32958**

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  
 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:

**DOUGLAS M. DURRANT, PRES.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/10/00

Daytime Phone #

321-723-0388

CR2E034 (9/99)