

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90011 011 \*\*\*150.00

**DOCUMENT # J11266**

1. Entity Name

**BURTON NELSON, INC.**

Principal Place of Business

POINCIANA ISLAND DR  
MIAMI BEACH FL 33160

Mailing Address

434 POINCIANA ISLAND DR  
N MIAMI BEACH FL 34275-3302  
US

2. Principal Place of Business

914 Casey Cove Dr.  
Suite, Apt. #, etc.

3. Mailing Address

914 Casey Cove Dr.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Nokomis, FL

City & State

Nokomis, FL

4. FEI Number

59-2703892

Applied For

Not Applicable

Zip 34275 Country USA

Country USA

Zip 34275 Country USA

Country USA

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MORRIS, MORTON J.  
2500 HOLLYWOOD BLVD.  
SUITE 212  
HOLLYWOOD FL

7. Name and Address of New Registered Agent

Name

JAMES R. CAST

Street Address (P.O. Box Number is Not Acceptable)

1612 EAST LAKE DR.

City FT. Lauderdale FL

Zip Code 33316

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

TITLE P  
NAME NELSON, BURTON  
STREET ADDRESS 434 POINCIANA ISLAND DRIVE  
CITY-ST-ZIP N. MIAMI BEACH FL 33160

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME NELSON, BURTON  
STREET ADDRESS 914 Casey Cove Dr.  
CITY-ST-ZIP Nokomis, FL 34275

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #

CR2E034 (9/99)