

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90139 050 ***150.00

00064201



DO NOT WRITE IN THIS SPACE

DOCUMENT # K52067

1. Entity Name

BURGOYNE DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

~~ROBERT R. KREIS~~ (Delete)
 E ADAMS ST
 JACKSONVILLE FL 32202

~~ROBERT R. KREIS~~ (Delete)
 1010 E ADAMS ST
 JACKSONVILLE FL 32202-1902

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2922489

Applied For

Not Applicable

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

KREIS, ROBERT R.
1 INDEPENDENT DRIVE
SUITE 1600S
JACKSONVILLE FL 32202

Name
Gail W. Williams
 Street Address (P.O. Box Number is Not Acceptable)
1010 E. Adams Street
 City **Jacksonville** FL Zip Code **32202**

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 *Gail W. Williams*

Gail W. Williams

April 6, 2000

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	S	<input checked="" type="checkbox"/> Delete
NAME	KREIS, ROBERT R.	
STREET ADDRESS	1 INDEPENDENT DRIVE, SUITE 1600	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HERTLE, CAROL B	
STREET ADDRESS	1010 E. ADAMS ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LOVETT, W.R. (II)	
STREET ADDRESS	1 INDEPENDENT DRIVE, SUITE 1600	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, L.D.	
STREET ADDRESS	1 INDEPENDENT DRIVE, SUITE 1600	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pope, Deloris H.	
STREET ADDRESS	1 Independent Drive, Suite 1600	
CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	C/AS/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hertle, Carol B.	
STREET ADDRESS	1010 E. Adams Street	
CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shields, David R.	
STREET ADDRESS	1 Independent Drive, Suite 1600	
CITY-ST-ZIP	Jacksonville, FL 32202	
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: *Carol B. Hertle*

Carol B. Hertle, Chairman

4/6/00
904/355-8311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)