

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001421

1. Entity Name

BILLY BURKE WORLD OUTREACH, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90074 050 ****61.25

Principal Place of Business

Mailing Address

12423 62ND ST. NO.
SUITE #403
LARGO FL 33773
US

P.O. BOX 25441
TAMPA FL 33622-5441

2. Principal Place of Business

3. Mailing Address

5670 W. CYPRESS ST.

Suite, Apt. #, etc.

STE A

City & State

City & State

TAMPA, FL

Zip
33607

Country
USA

Zip

Country

4. FEI Number

59-3171645

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

BURKE, WILLIAM C
12423 62ND ST., NO.
SUITE #403
LARGO FL 33773

Name

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

5670 W. CYPRESS ST, STE A

City
TAMPA

FL Zip Code
33607

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

William C. Burke WILLIAM C. BURKE President 04-21-00
(NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DPST ☐ Delete
NAME BURKE, WILLIAM C
STREET ADDRESS 5115 WEST PLATT ST.
CITY-ST-ZIP TAMPA FL 33609

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

TITLE D ☐ Delete
NAME LEAIR, KARISSA E
STREET ADDRESS REAR 620 GEORGE ST.
CITY-ST-ZIP GREENSBURG PA 15601

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

TITLE D ☐ Delete
NAME PRETTIMAN, THELMA M
STREET ADDRESS REAR 620 GEORGE ST.
CITY-ST-ZIP GREENSBURG PA 15601

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

TITLE VP ☐ Delete
NAME BURKE, MELANIE
STREET ADDRESS 5115 WEST PLATT ST.
CITY-ST-ZIP TAMPA FL 33609

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William C. Burke William C. BURKE 04-25-00 287-2116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)