

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

0054690

**DOCUMENT # N96000001492**

1. Entity Name

**THE BIRK FAMILY FOUNDATION, INC.**

04-04-2001 90053 035 \*\*\*\*61.25

Principal Place of Business

**11988 S.E. INTRACOASTAL COURT  
 TEQUESTA FL 33469**

Mailing Address

**11988 S.E. INTRACOASTAL COURT  
 TEQUESTA FL 33469**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0661100**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BIRK, ROGER E  
 11988 S.E. INTRACOASTAL COURT  
 TEQUESTA FL 33469**

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 \_\_\_\_\_

**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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BIRK, ROGER E</b>	
STREET ADDRESS	<b>11988 S.E. INTRACOASTAL COURT</b>	
CITY-ST-ZIP	<b>TEQUESTA FL 33469</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BIRK, MARY L</b>	
STREET ADDRESS	<b>11988 S.E. INTRACOASTAL COURT</b>	
CITY-ST-ZIP	<b>TEQUESTA FL 33469</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BIRK, KATHY A DR.</b>	
STREET ADDRESS	<b>60 IDLEWOOD ROAD</b>	
CITY-ST-ZIP	<b>ROCHESTER NY 14618</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COLAS, MARY E</b>	
STREET ADDRESS	<b>2912 PLEASANT GLEN DRIVE</b>	
CITY-ST-ZIP	<b>HERNDON VA 22071</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BILLSTRAND, BARBARA J</b>	
STREET ADDRESS	<b>2721 SILVER MAPLE COURT</b>	
CITY-ST-ZIP	<b>FLOWER MOUND TX 75028</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BIRK, STEVEN R</b>	
STREET ADDRESS	<b>208 AMBASSADOR DRIVE</b>	
CITY-ST-ZIP	<b>RED BANK NJ 07701</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		

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: J. ROGER BIRK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)