

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90215 010 \*\*\*150.00

**DOCUMENT # P01000044799**

**1. Entity Name**  
**BURBANK SPORT NETS, INC.**

**Principal Place of Business**

**14478 DUVAL PL W #207**  
**JACKSONVILLE FL 32218**

**Mailing Address**

**14478 DUVAL PL W #207**  
**JACKSONVILLE FL 32218**

**2. Principal Place of Business**

**14476 DUVAL PL. W.**

Suite, Apt. #, etc.

**#208**

**3. Mailing Address**

**P.O. BOX 365**

Suite, Apt. #, etc.

**City & State**

**JACKSONVILLE FL.**

**City & State**

**YULEE FL.**

**Zip**

**32218**

**Country**

**DUVAL**

**Zip**

**32097**

**Country**

**NASSAU**

**4. FEI Number**

**Applied For**

☒ **Not Applicable**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**FLANAGAN, TIMOTHY L**  
**1548 LANCASTER TERR**  
**JACKSONVILLE FL 32204**

**7. Name and Address of New Registered Agent**

**Name BURBANK, W. H. III**

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

**14476 DUVAL PL. W.**

**#208**

**City**

**JACKSONVILLE**

**FL**

**Zip Code**

**32218**

**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 H. Burbank*

**WILLIAM H. BURBANK**

**4/26/02**

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, 2002 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** **D** ☐ Delete  
**NAME** **BURBANK, WILLIAM III**  
**STREET ADDRESS** **529 MONTEREY ST**  
**CITY-ST-ZIP** **FERNANDINA BCH FL 32034**

**TITLE** **D** ☒ Delete  
**NAME** **BURBANK, SHERRY M**  
**STREET ADDRESS** **529 MONTEREY ST**  
**CITY-ST-ZIP** **FERNANDINA BCH FL 32034**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **MD** ☐ Change ☒ Addition  
**NAME** **BURBANK, THOMAS G.**  
**STREET ADDRESS** **1269 MOCKINGBIRD LANE**  
**CITY-ST-ZIP** **YULEE, FL. 32097**

**TITLE** **VPD** ☐ Change ☒ Addition  
**NAME** **BARBEE, LUCILLE**  
**STREET ADDRESS** **185 S. FLETCHER AVE.**  
**CITY-ST-ZIP** **FERNANDINA BCH, FL. 32034**

**TITLE** **MD** ☐ Change ☒ Addition  
**NAME** **BURBANK, JOHN L.**  
**STREET ADDRESS** **2413 1ST AVE #P-5**  
**CITY-ST-ZIP** **FERNANDINA BCH, FL. 32034**

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

**TITLE** ☐ Change ☐ Addition  
**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** *William H. Burbank*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/02**

Date

**904-741-0056**

Daytime Phone #

CP2E034 (9/01)