

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 06, 2001 08:00 AM**
Secretary of State**DOCUMENT # P07550**1. Entity Name
BURTON-CAMPBELL, INC.

Principal Place of Business	Mailing Address
6400 GOLDSBORO ROAD	6400 GOLDSBORO ROAD
SUITE 500	SUITE 500
BETHESDA MD	BETHESDA MD
20817	20817

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-0946838

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**YESAWICH PETER C.**
1900 SUMMIT TOWER BLVD
SUITE 600
ORLANDO FL
32801 US**7. Name and Address of New Registered Agent**

Name

YESAWICH PETER C.

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

423 SOUTH KELLER ROAD

SUITE 100

City

ORLANDO**FL**Zip Code
32810

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 **PETER C. YESAWICH****09/06/2001**

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, 2001 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	S	<input type="checkbox"/> Delete
NAME	PAUL, MITCHELL	
STREET ADDRESS	6400 GOLDSBORO ROAD, STE. 500	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	T	<input type="checkbox"/> Delete
NAME	ANGELO, ROBERT M.	
STREET ADDRESS	6400 GOLDSBORO ROAD, STE. 500	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BROWN, JEREMY E.	
STREET ADDRESS	6400 GOLDSBORO ROAD, STE. 500	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	

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: mitchell paul

secy

09/06/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)