2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9200014066 1. Entity Name FISHER-BURDICK PROPERTIES, INC.							Apr 19, 2001 8:00 am Secretary of State 04-19-2001 90018 035 ***150.00			
Principal Place of Business 3744 SW 64TH AVE DAVIE FL 33314 US		Š	Mailing Address 3744 SW 64TH AVE DAVIE FL 33314 US					94991	. 6	
2. Principal Place of Business			3. Mailing Address			_				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State			4.	FEI Number 65-0382846	- + -	oplied For of Applicable	
Zip		Country	Zip	Coun	try	5.	Certificate of Status Desired	\$8.75 Add	ditional	
· · · · · · · · · · · · · · · · · · ·	6. Name	and Address of Current Re	egistered Agent			7. [Name and Address of New Regis			
SUITI ONE	N H PAYNE E A-111 NORTH UN ITATION FL	IVERSITY DRIVE	Street Address ((P.O.E	P.O. Box Number is Not Assessable) Stazet at Landerlate FC FL Zio Code 23231			
SIGNATURE, 9. This corporate Tax filing	Signature, typed	or printed name of registered agent and ible to satisfy its Intangible and elects to do so.	Burdick	Registered FEE 1 Fee	I Agent signature requi IS \$150.00 will be \$550.00	red when re	ent, or both, in the State of Florida instating) -10:-Election Campaign Financi Trust Fund Contribution.	03-09-0 DATE	O May Be	
11.		OFFICERS AND D	IRECTORS	12.		ΑD	DITIONS/CHANGES TO OFFICER	RS AND DIRECTOR	\$ IN 11	
NAME STREET ADDRESS CITY-ST-ZIP		MURRAY 10TH STRERT ERDALE FL	□ Delete					☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		ANDOLPH 10TH STRERT ERDALE FL	☐ Delete	•				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURDICK, 18101 S.V FT. LAUDI		Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FISHER, E 1791 S.E. FT. LAUDE	10TH ST.	☐ Delete		T ADDRESS ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		T ADDRESS ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		T ADDRESS ST-ZIP			Change	Addition	
13. I hereby of indicated of the corchanged,	certify that the on this repor poration or th or on an alta	e information supplied with th t or supplemental report is tr ne receiver or trustee empow achment with an address, wit	is filing does not qualify for the ue and accurate and that my ered to execute this report at the all other like empowered.	he exen signate requir	nption stated in Sure mail have the ed by Chapter 60	Section e same l 07, Florid	19.07(3)(i), Florida Statutes. I furtl egal effect as if made under oath; da Statutes; and that my name ap	ner certify that the in that I am an officer bears in Block 11 or	formation or director Block 12 if	