

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2000 8:00 am  
Secretary of State

04-24-2000 90016 001 \*\*\*150.00

DOCUMENT # P94000063745

1. Entity Name

BURMONT ENTERPRISES, INC.

Principal Place of Business

Mailing Address

971 WINSOME RD  
NORTH FT. MYERS FL 33903  
US

971 WINSOME RD  
NORTH FORT MYERS FL 33903-4266  
US

2. Principal Place of Business

3. Mailing Address

3081 S Horizon Pl.  
Suite, Apt. #, etc.

3081 S Horizon Pl.  
Suite, Apt. #, etc.

City & State  
Dviedo, Fl.

City & State  
Dviedo, Fl.

Zip  
32765

Country  
U.S.

Zip  
32765

Country  
U.S.

4. FEI Number 65-0531588

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

MONTEZ, CINDY S  
971 WINSOME RD  
NORTH FT MYERS FL 33903

Name Montez, Cindy S  
Street Address (P.O. Box Number is Not Acceptable)  
3081 S Horizon Pl.  
City Dviedo FL Zip Code 32765

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURR, BETTY S 1203 MIMOSA AVE. IMMOKALEE FL 33934	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURR, WILLIAM D 1203 MIMOSA AVE. IMMOKALEE FL 33934	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MONTEZ, CINDY SUE 1203 MIMOSA AVE. IMMOKALEE FL 33934	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MONTEZ, RAMIRO 1203 MIMOSA AVE. IMMOKALEE FL 33934	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Burr, Betty S 3081 S Horizon Pl. Dviedo, Fl. 32765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Burr, William D 3081 S Horizon Pl. Dviedo, Fl. 32765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Montez, Cindy S 3081 S Horizon Pl. Dviedo, Fl. 32765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Montez, Ramiro 3081 S Horizon Pl. Dviedo, Fl. 32765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Cindy Montez Vice-president

4-15-00 407-359-5632

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)