

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90105 010 ***150.00

904101

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000035562 (2)
1. Entity Name
 BOURKE & MATTHEWS MANAGEMENT CO. OF FLORIDA, INC.

Principal Place of Business **Mailing Address**
 217 PERUVIAN AVENUE
 SUITE #4
 PALM BEACH, FL. 33480
 USA

2. Principal Place of Business **3. Mailing Address**
 217 PERUVIAN AVENUE
 Suite, Apt. #, etc. SUITE #4
 City & State PALM BEACH, FL
 Zip Country 33480 Country

4. FEI Number 65-0767747 **Applied For**
 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 KATZ, MARTIN V.
 625 N. FLAGLER DR. - 9TH FL
 WEST PALM BEACH, FL 33401

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 _____ (NOTE: Registered Agent signature required when reinstating) _____
 Signature, typed or printed name of registered agent and title if applicable 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

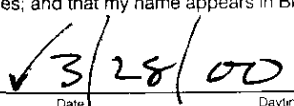
TITLE	D	<input type="checkbox"/> Delete
NAME	BOURKE, FREDERIC A.	
STREET ADDRESS	625 N. FLAGLER DRIVE - 9th FL	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATTHEWS, HARVEY B.	
STREET ADDRESS	625 N. FLAGLER DRIVE - 9th FL	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **HARVEY B. MATTHEWS**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


 Date Daytime Phone #

CR2E034 (9/99)