

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000047793

1. Entity Name

BURKEY, COOKSEY & ASSOCIATES, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90015 020 ***158.75

Principal Place of Business

1661 SANDSPUR RD
C/O JUNE BURKEY
LONGWOOD FL 32779-4807

Mailing Address

1661 SANDSPUR RD
C/O JUNE BURKEY
LONGWOOD FL 32779

2. Principal Place of Business

~~1661 SANDSPUR RD.~~
~~C/O JUNE BURKEY~~
~~LONGWOOD FL 32779-4807~~

3. Mailing Address

~~1661 SANDSPUR RD.~~
~~C/O JUNE BURKEY~~
~~LONGWOOD FL 32779~~



DO NOT WRITE IN THIS SPACE

City & State

MAITLAND, FLORIDA

City & State

MAITLAND, FLORIDA

4. FEI Number

59-3450299

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COOKSEY, GRADY M JR.
1661 SANDSPUR RD
MAITLAND FL 32751

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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	COOKSEY, GRADY M JR.	
STREET ADDRESS	160 E. LAKE BRANTLEY DR.	
CITY-ST-ZIP	LONGWOOD FL 32779-4807	
TITLE	C	<input type="checkbox"/> Delete
NAME	BURKEY, GARY L	
STREET ADDRESS	160 E. LAKE BRANTLEY DR.	
CITY-ST-ZIP	LONGWOOD FL 32779-4807	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BURKEY, JULIE M	
STREET ADDRESS	160 E LAKE BRANTLEY DR	
CITY-ST-ZIP	LONGWOOD FL 32779-4807	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1661 SANDSPUR RD.
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1661 SANDSPUR RD
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1661 SANDSPUR RD
CITY-ST-ZIP	MAITLAND, FL 32751
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:

Julie M. Burkey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULIE M. BURKEY 2/15/00 (407) 682-1122

Date

Daytime Phone

CR2EN34 (a)001