

DOCUMENT #. P98000002051

1. Entity Name
ARTHUR L. BURKE, P.A.

Principal Place of Business
400 NORTH 14TH STREET
LEESBURG FL 34748

Mailing Address
400 NORTH 14TH STREET
LEESBURG FL 34748

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 59-3486765

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

BURKE, ARTHUR L
400-402 N. 14TH STREET
LEESBURG FL 34748

Address:
400 N 14TH ST

All Else OK.

ALB

8. The above named entity submits this statement.

SIGNATURE _____
Signature, typed or printed name of registered agent

9. This corporation is eligible to satisfy its tax filing requirement and elects to do so. (See criteria on back)

Name

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

City

FL

Zip Code

Office or registered agent, or both, in the State of Florida.

Agent signature required when reinstating)

DATE

\$ \$150.00
will be \$550.00
Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS:

TITLE D
NAME BURKE, ARTHUR L
STREET ADDRESS 400 NORTH 14TH STREET
CITY-ST-ZIP LEESBURG FL 34748

ADDRESS
ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Arthur L Burke Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/01 352-781-3798
Date Daytime Phone #

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90004 047 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)