

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099958

1. Entity Name

THE BURCH GROUP INC.

**FILED**  
**Mar 16, 2000 8:00 am**  
**Secretary of State**

03-16-2000 90075 032 \*\*\*150.00

Principal Place of Business

6952 N.W. 30TH AVE.  
FT. LAUDERDALE FL 33309

Mailing Address

6952 N.W. 30TH AVE.  
FT. LAUDERDALE FL 33138-2036

2. Principal Place of Business

125 NE 106 STREET

3. Mailing Address

125 NE 106 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI SHORES, FLORIDA

City & State

MIAMI SHORES - FLORIDA

Zip

33138

Country

DADE

Zip

33138

Country

DADE

4. FEI Number

65-0901279

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BURCH, KEVIN B  
6952 N.W. 30TH AVE.  
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name BURCH, Kevin B  
Street Address (P.O. Box Number is Not Acceptable)  
125 NE 106 Street  
City Miami Shores FL Zip Code 33138

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 Kevin B Burch

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/13/00

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 ☐ Delete  
NAME **P**  
STREET ADDRESS **BURCH, KEVIN B**  
CITY-ST-ZIP **6952 N.W. 30TH AVE.  
FT. LAUDERDALE FL 33309**

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **BURCH, AUDRA D.S.**  
CITY-ST-ZIP **6952 N.W. 30TH AVE.  
FT. LAUDERDALE FL 33309**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 125 NE 106 STREET  
CITY-ST-ZIP MIAMI SHORES FLORIDA 33138

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 125 NE 106 STREET  
CITY-ST-ZIP MIAMI SHORES FLORIDA 33138

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Kevin B Burch **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/00

Date

(305) 795-3434

Daytime Phone #

CR2E034 (9/99)