

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023993

1. Entity Name

STACEY L. BURNSTON, P.A.

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**  
03-02-2000 90028 034 \*\*\*150.00

Principal Place of Business

2424 NORTH FEDERAL HIGHWAY  
SUITE 314  
BOCA RATON FL 33431

Mailing Address

2424 NORTH FEDERAL HIGHWAY  
SUITE 314  
BOCA RATON FL 33431-7780

2. Principal Place of Business

5801A Coach House Cir  
Suite, Apt. #, etc.

3. Mailing Address

5801A Coach House Cir.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Boca Raton FL

City & State

Boca Raton FL

4. FEI Number

65-0903942

Applied For

Not Applicable

Zip

33486

Country

USA

Zip

33486

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BURNSTON, STACEY L  
2424 NORTH FEDERAL HIGHWAY  
SUITE 314  
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

Stacey L. Burnston

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

5801A Coach House Cir.

City

Boca Raton

FL

Zip Code

33486

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

Stacey L. Burnston

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/3/00

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

NAME

STREET ADDRESS

CITY-ST-ZIP

president  
Stacey L. Burnston  
5801A Coach House Cir.  
Boca Raton, FL 33486 ☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

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☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ 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:

Stacey L. Burnston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/00

Date

561-417-8529

Daytime Phone #

CR2E034 (9/99)