

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042953

1. Entity Name

BU KA PROPERTIES, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90083 025 ***150.00

Principal Place of Business

Mailing Address

~~2100 MAIN STREET~~
~~SARASOTA FL 34237~~

~~2100 MAIN STREET~~
~~SARASOTA FL 34237-6024~~

2. Principal Place of Business

3. Mailing Address

4213 N.W. 28 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Cape Coral, FL

Zip

Country

Zip

33993

Country

U.S.A.

4. FEI Number

65-0919619

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

~~JAENSCH, P. CHRISTOPHER~~

~~2100 MAIN STREET~~

~~SARASOTA FL 34237~~

Name

Heinz Burggraf

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

4213 NW 28 ST

City

Cape Coral

FL

Zip Code

33993

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida.

SIGNATURE

(Burggraf)

4-19-2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS BURGGRAT, HEINZ
CITY-ST-ZIP 4213 NW 28TH STREET
CAPE CORAL FL 33993

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-2000

Date

Daytime Phone #

CR2E034 (9/99)