

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90491 016 ***150.00

DOCUMENT # S71579

1. Entity Name:

BURKE ASSOCIATES OF NAPLES, INC.

Principal Place of Business

Mailing Address

27660 RIVERDALE LANE
 BONITA SPRINGS FL 34134
 US

5801 GLEN COVE DR #508
 NAPLES FL 34108
 US

553835



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5051 CASTELLO DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

40

City & State

City & State

NAPLES, FL

Zip

Country

Zip

Country

34103

USA

4. FEI Number 65-0281820

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

GARLICK, THOMAS B.
 8889 PELICAN BAY BLVD STE 300
 NAPLES FL 34108

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.

(NOT: 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
After MAY 1, 2001
Fee IS \$150.00
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	D	<input type="checkbox"/> Delete
NAME	BURKE, M. JAMES	
STREET ADDRESS	1329 FOX GRAPE COVE	
CITY - ST - ZIP	GERMANTOWN TN	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURKE, PATRICIA ANN	
STREET ADDRESS	1329 FOX GRAPE COVE	
CITY - ST - ZIP	GERMANTOWN TN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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:

M. James Burke, President

5/24/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)