

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S76339

1. Entity Name

THE REAL ESTATE NETWORK OF SOUTHWEST FLORIDA, IN

**FILED**  
**Mar 23, 2000 8:00 am**  
**Secretary of State**

03-23-2000 90017 046 \*\*\*150.00

Principal Place of Business

Mailing Address

266-B MIAMI AVE W.  
VENICE FL 34285  
US

266-B MIAMI AVE W.  
VENICE FL 34285-2301  
US

628855

2. Principal Place of Business

1909 Baywood Dr  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1322  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Sarasota FL

City & State

OSPREY FL

4. FEI Number

65-0283305

Applied For

Not Applicable

Zip

34231

Country

FLORIDA

Zip

34229

Country

FLORIDA

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

VOIGT, STEPHEN F., P.A.  
1414 BEE RIDGE RD  
SARASOTA FL 34239

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.

(NOTE: 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!!! 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 P  
NAME BURKERT, MIKE  
STREET ADDRESS 266-B MIAMI AVE W.  
CITY-ST-ZIP VENICE FL 34285 ☐ Delete

TITLE PRESIDENT  
NAME BURKERT MIKE  
STREET ADDRESS 1909 BAYWOOD DR.  
CITY-ST-ZIP SARASOTA FL 34231 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
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TITLE  
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CITY-ST-ZIP ☐ Delete

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:

*Mike Burkert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/00 941/9221969  
Date Daytime Phone #