

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S99713

1. Entity Name

MICHAEL J. BURLEY P.A.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90062 025 \*\*\*150.00

Principal Place of Business 250 TEQUESTA DRIVE 202 TEQUESTA FL 33469 US	Mailing Address 250 TEQUESTA DRIVE 202 TEQUESTA FL 33469-2765 US
---	--

2. Principal Place of Business 612 North Orange Avenue Suite, Apt. #, etc. Suite A-12	3. Mailing Address 612 North Orange Avenue Suite, Apt. #, etc. Suite A-12
--	--

City & State Jupiter, Florida	City & State Jupiter, Florida
Zip 33458	Country U.S.A.

4. FEI Number 65-0304912	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	--------------------------------

6. Name and Address of Current Registered Agent BURLEY, MICHAEL J. 250 TEQUESTA DRIVE SUITE 202 TEQUESTA FL 33469
---

7. Name and Address of New Registered Agent Name Burley, Michael J. Street Address (P.O. Box Number is Not Acceptable) 612 North Orange Avenue Suite A-12 City Jupiter FL 33458
---

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 <u>Michael J. Burley</u> DATE <u>April 25, 2000</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
--

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURLEY, MICHAEL J. 1644 OLD CYPRESS TRAIL WELLINGTON FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Burley, Michael J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 612 North Orange Avenue, Suite A-12 Jupiter, Florida 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Michael J. Burley</u>	04/25/00	(561) 744-3100
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>

CF 1014 (9/93)