

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 15, 2000 8:00 am**  
**Secretary of State**

06-15-2000 90004 034 \*\*\*211.25

**DOCUMENT # N26668**

1. Entity Name  
**THE BUTLER FOUNDATION, INC.**

**R**

Principal Place of Business      Mailing Address

**550 PARK AVE.  
 10W  
 NEW YORK NY 10021**      **550 PARK AVE.  
 10W  
 NEW YORK NY 10021-7369**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-2898825**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**EMMANUEL, PATRICK G MR  
 EMMANUEL, SHEPPARD, & CONDON  
 30 SOUTH SPRING ST.  
 PENSACOLA FL 32596**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>BUTLER, W. JACK</b>
STREET ADDRESS	<b>550 PARK AVE., 10W</b>
CITY-ST-ZIP	<b>NEW YORK NY 10021</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BUTLER, PATRICIA FLEMING</b>
STREET ADDRESS	<b>550 PARK AVE., 10W</b>
CITY-ST-ZIP	<b>NEW YORK NY 10021</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BUTLER, PETER FLEMING</b>
STREET ADDRESS	<b>825 BAYSHORE DR.</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BUTLER, CHRISTOPHER</b>
STREET ADDRESS	<b>550 PARK AVE., 10W</b>
CITY-ST-ZIP	<b>NEW YORK NY 10021</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. Jack Butler  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 30, 2000      212-935-6314  
 Date      Daytime Phone #

CR2E037 (9/99)