

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90101 020 \*\*\*150.00

**DOCUMENT # P94000001038**

1. Entity Name

**BUTLER MORTGAGE, INC.**

Principal Place of Business

Mailing Address

601 E OAK STREET  
 C  
 KISSIMMEE FL 34744  
 US

601 E OAK STREET  
 C  
 KISSIMMEE FL 34744-4574  
 US

A0004431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1012 W. Emmet Street

3. Mailing Address

1012 W. Emmet Street

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

Kissimmee, FL

City & State

Kissimmee, FL

4. FEI Number

59-3216905

Applied For  
 Not Applicable

Zip

34741

Country

USA

Zip

34741

Country

USA

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

HOWARD CHANIN C/O BUTLER MORTGAGE  
 601 E OAK ST  
 SUITE C  
 KISSIMMEE FL 34744

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	V	<input type="checkbox"/> Delete
NAME	URBAN, HARRY	
STREET ADDRESS	420 DELAWARE AVE.	
CITY-ST-ZIP	ST CLOUD FL 34769	
TITLE	PST	<input type="checkbox"/> Delete
NAME	CHANIN, HOWARD	
STREET ADDRESS	1445 KINGSTON WAY	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	V	<input type="checkbox"/> Delete
NAME	STEWART, SABRINA	
STREET ADDRESS	614 S. LAVON CT	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	V	<input type="checkbox"/> Delete
NAME	ADKINS, STUART	
STREET ADDRESS	7333 GUNSTOCK DRIVE	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Howard Chanin*  
 Howard Chanin

Date

1-6-2000

Daytime Phone #

407-931-3800