

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000083600

1. Entity Name

BUTLER OAKS FARM, INC.

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

01-18-2000 90173 025 ***150.00

Principal Place of Business Mailing Address
172 SHADY OAKS LANE 172 SHADY OAKS LANE
LORIDA FL 33857 LORIDA FL 33857-9496
US US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0707511** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ROBERT L BUTLER
213 SILVER CREEK LANE
LORIDA FL 33857

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 *[Signature]*
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-10-00
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

TITLE	P	<input type="checkbox"/> Delete
NAME	BUTLER, ROBERT L	
STREET ADDRESS	213 SILVER CREEK LANE	
CITY-ST-ZIP	LORIDA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BUTLER, ROBER K.	
STREET ADDRESS	477 S.W. 24TH AVE.	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	PAMELA H. BUTLER	
STREET ADDRESS	213 SILVER CREEK LANE	
CITY-ST-ZIP	LORIDA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MILDRED T. BUTLER	
STREET ADDRESS	477 S.W. 24TH AVE.	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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	

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: *Pamela H. Butler* *Pamela H. Butler / Sec.* **836**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **763-4389**

CFR2034 (9/99)