

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002862

1. Entity Name

BUTCH BROWN MINISTRIES, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90072 016 ****61.25

Principal Place of Business

707 NE 46 COURT
 Ocala FL 34470

Mailing Address

707 NE 46 COURT
 Ocala FL 34470

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

59-3446984

Applied For

Not Applicable

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

BROWN, WALTER F JR
 707 NE 46 COURT
 Ocala FL 34470

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

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
 NAME BROWN, WALTER F JR
 STREET ADDRESS 707 NE 46 COURT
 CITY-ST-ZIP Ocala FL 34470

TITLE D ☐ Change ☒ Addition
 NAME Stephen J. Jarchow
 STREET ADDRESS 2840 NE 135th St
 CITY-ST-ZIP Anthony, FL 32617

TITLE D ☐ Delete
 NAME BROWN, ALYSON L
 STREET ADDRESS 707 NE 46 COURT
 CITY-ST-ZIP Ocala FL 34470

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

TITLE D ☒ Delete
 NAME HINSON, J M
 STREET ADDRESS 8900 NW 136 AVE ROAD
 CITY-ST-ZIP Ocala FL 34482

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

TITLE D ☐ Delete
 NAME BAREFOOT, CLIFF
 STREET ADDRESS 1434 W LIBBY DR
 CITY-ST-ZIP WEST PALM BEACH FL 33406

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

TITLE D ☐ Delete
 NAME DALE, GEORGE
 STREET ADDRESS RT 5 BOX 1808
 CITY-ST-ZIP PALATKA FL 32177

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-4-00

(352) 236-7141

CR2E037 (5/00)