

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44361

1. Entity Name

THE BUTLER PARK CONDOMINIUM ASSOCIATION, INC. ✓

FILED
Feb 23, 2001 8:00 am
Secretary of State

01-26-2001 90078 036 *****61.25

- 62215



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6960 BONNEVAL RD
202
JACKSONVILLE FL 32216
US

Mailing Address

6960 BONNEVAL RD
202
JACKSONVILLE FL 32216
US

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

59-3139388

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

KOLCUN, MICHAEL A
6960 BONNEVAL RD
STE 202
JACKSONVILLE FL 32216

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

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 PDST
NAME KOLCUN, MICHAEL A ☐ Delete
STREET ADDRESS 6960 BONNEVAL RD, STE 202
CITY-ST-ZIP JACKSONVILLE FL 32216

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

TITLE VPD
NAME SINOFF, BARRY S ☐ Delete
STREET ADDRESS 6960 BONNEVAL RD STE 202
CITY-ST-ZIP JACKSONVILLE FL 32216

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

TITLE ☒ Delete
NAME ~~BLUMSTEIN, CHARLES E~~
STREET ADDRESS ~~6960 BONNEVAL RD STE 202~~
CITY-ST-ZIP ~~JACKSONVILLE FL 32216~~

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

TITLE D
NAME BLUMSTEIN, CHARLES E
STREET ADDRESS 6960 BONNEVAL RD STE 202
CITY-ST-ZIP JACKSONVILLE, FL 32216 ☐ Delete

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

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: *Michael A. Kolcun*

Michael A. Kolcun

Jan. 16, 2001 (904) 296-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0012017