

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000006204**

1. Entity Name
BUTTREY DEVELOPMENT TWO, LLC

FILED

2001 MAY -9 PM 12:36

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**6239 EDGEWATER DRIVE, SUITE D-1
ORLANDO FL 32810**

Mailing Address
**6239 EDGEWATER DRIVE, SUITE D-1
ORLANDO FL 32810**

2. Principal Place of Business
211 Piney Woods Rd.

3. Mailing Address
211 Piney Woods Rd

Suite, Apt. #, etc.

City & State
Apopka, FL.

City & State
Apopka, FL 32703

Zip
32703

Country

4. FEI Number
59-3652-174

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BUTTREY, JOHN
6239 EDGEWATER DRIVE, SUITE D-1
ORLANDO FL 32810**

7. Name and Address of New Registered Agent
Name
BUTTREY, JOHN
Street Address (P.O. Box Number is Not Acceptable)
211 Piney Woods Rd.
City
Apopka FL Zip Code
32703

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 DATE **4-12-01**

Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER JOHN BUTTREY 211 Piney Woods Rd. Apopka, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER NANCY BUTTREY 211 Piney Woods Rd. Apopka, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200004376642-5 -06/07/01--01130--009 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED** DATE **4-12-01** DAYTIME PHONE # **407-814-7000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE