

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90163 006 \*\*\*150.00

0508391 AT

**DOCUMENT # P96000083600**

**1. Entity Name**  
**BUTLER OAKS FARM, INC.**

**Principal Place of Business**  
**172 SHADY OAKS LANE**  
**LORIDA FL 33857**  
**US**

**Mailing Address**  
**172 SHADY OAKS LANE**  
**LORIDA FL 33857**  
**US**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **65-0707511**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ROBERT L BUTLER**  
**213 SILVER CREEK LANE**  
**LORIDA FL 33857**

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, 2002 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BUTLER, ROBERT L</b>	
STREET ADDRESS	<b>213 SILVER CREEK LANE</b>	
CITY-ST-ZIP	<b>LORIDA FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BUTLER, ROBER K.</b>	
STREET ADDRESS	<b>477 S.W. 24TH AVE.</b>	
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>PAMELA H. BUTLER</b>	
STREET ADDRESS	<b>213 SILVER CREEK LANE</b>	
CITY-ST-ZIP	<b>LORIDA FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MILDRED T. BUTLER</b>	
STREET ADDRESS	<b>477 S.W. 24TH AVE.</b>	
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	
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"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Vice President</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Ben L. Butler</b>	
STREET ADDRESS	<b>213 silver Creek Lane</b>	
CITY-ST-ZIP	<b>Lorida FL 33857</b>	
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
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:**

**Robert L. Butler, Pres.**

**1-21-02** **863 763 7925**  
**863 763 4389**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)