

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 290886

1. Entity Name  
BUTLER'S DAIRY, INC.

**FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90374 032 \*\*\*150.00

Principal Place of Business

ST RD 721 AT BUTLER DAIRY RD  
P.O. BOX 477  
OKEECHOBEE FL 34973

Mailing Address

ST RD 721 AT BUTLER DAIRY RD  
P.O. BOX 477  
OKEECHOBEE FL 34973

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

59-1088729

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

BUTLER, MILDRED T  
477 SW 24TH AVENUE  
OKEECHOBEE FL 33474

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: VD  
NAME: BUTLER, ROGER P  
STREET ADDRESS: 193 RIVER LANE  
CITY-ST-ZIP: LORIDA, FL 00000 ☐ Delete

TITLE: SD  
NAME: Butler, Roger p  
STREET ADDRESS: 193 River Lane  
CITY-ST-ZIP: Lorida, FL 33857 ☒ Change ☐ Addition

TITLE: SD  
NAME: BUTLER, MILDRED T  
STREET ADDRESS: 477 S W 24TH AVE  
CITY-ST-ZIP: OKEECHOBEE, FL 00000 ☐ Delete

TITLE: PD  
NAME: Butler, Mildred T.  
STREET ADDRESS: 477 S. W. 24 Ave.  
CITY-ST-ZIP: Okeechobee, FL 34974 ☒ Change ☐ Addition

TITLE: VD  
NAME: BUTLER, ROBERT L  
STREET ADDRESS: 213 SILVER CREEK LN  
CITY-ST-ZIP: LORIDA, FL 00000 ☐ Delete

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

TITLE: TD  
NAME: BUTLER, RONALD D  
STREET ADDRESS: 5877 E BUTLER RD  
CITY-ST-ZIP: AVON PARK FL 33825 ☐ Delete

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

TITLE: PD  
NAME: BUTLER, ROBERT K  
STREET ADDRESS: 477 S W 24TH AVE  
CITY-ST-ZIP: OKEECHOBEE, FL 00000 ☒ Delete

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

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

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

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: *Mildred T. Butler* Mildred T. Butler

01-10-02

863 763-3695

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)