

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 632085

1. Entity Name

EARLE LEE BUTLER, P.A., ATTORNEYS AND COUNSELORS

FILED

May 03, 2001 8:00 am  
Secretary of State

05-03-2001 91162 002 \*\*\*150.00

Principal Place of Business

2601 E. OAKLAND PK BLVD  
#501  
FT. LAUDERDALE FL 33306

Mailing Address

2601 E. OAKLAND PK BLVD  
#501  
FT. LAUDERDALE FL 33306

2. Principal Place of Business

1500 East Atlantic Boulevard (same)

3. Mailing Address

Suite, Apt. #, etc.  
Suite B

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

4. FEI Number

59-1928564

Applied For

Not Applicable

Zip

33060

Country

Broward

Zip

Country

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, EARLE LEE  
2601 E. OAKLAND PK BLVD  
#501  
FT. LAUDERDALE FL 33306

Name

Daniel E. Oates

Street Address (P.O. Box Number is Not Acceptable)

1500 East Atlantic Boulevard

Suite B

City

Pompano Beach

FL

Zip Code

33060

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, type or printed name of registered agent and date, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/23/01

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, 2001 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 **PTD** ☒ Delete  
NAME **BUTLER, EARLE LEE**  
STREET ADDRESS **2601 E OAKLAND PK BLVD- #501**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **PTD** ☒ Change ☐ Addition  
NAME **Daniel E. Oates**  
STREET ADDRESS **1500 East Atlantic Blvd., Ste. B**  
CITY-ST-ZIP **Pompano Beach, FL 33060**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

(954) 942-6500

Daytime Phone #

CR2E034 (10/00)