

2001 UNIFORM BUSINESS REPORT (UBR)

0011060 AF

DOCUMENT # A00000000180
 1. Entity Name
THE CLAIR BUTLER FAMILY LIMITED PARTNERSHIP

FILED
 01 FEB 28 AM 11:25

Handwritten signature



Principal Place of Business: **1903 22ND STREET WEST BRADENTON FL 34205**
 Mailing Address: **1903 22ND STREET WEST BRADENTON FL 34205**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: _____
 Zip: _____ Country: _____

4. FEI Number Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BUTLER, CLAIR E
1903 22ND STREET WEST
BRADENTON FL 34205

7. Name and Address of New Registered Agent
 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: *Clair E Butler* DATE: **10 Feb 01**
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record: **\$1,359,260.00**
 10. Amount of Capital Contributions in FLORIDA to date: _____
 11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	
NAME	BUTLER, CLAIR E
STREET ADDRESS	1903 22ND STREET WEST
CITY-ST-ZIP	BRADENTON FL
DOCUMENT #	
NAME	BUTLER, EDITH D
STREET ADDRESS	1903 22ND STREET WEST
CITY-ST-ZIP	BRADENTON FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Clair E Butler* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** DATE: **20 Feb 01** Daytime Phone #: **941 746 2252**

CLAIR E BUTLER

CR2E003 (11/00)