

# 2002 UNIFORM BUSINESS REPORT (UBR)

0015253 A1

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

**FILED**  
 02 JUL -1 AM 8:58  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA



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.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

**DUE BY MAY 1, 2002**  
**65-6391713**  
 Applied For  
 Not Applicable  
 4. FEI Number  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,359,260.00**  
 10. Amount of Capital Contributions in FLORIDA to date. **0**  
 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>BUTLER, CLAIR E                      1903 22ND STREET WEST                      BRADENTON FL</b>	STREET ADDRESS	<b>800006224748--3</b> <del>07/05/02-01056-021</del> <b>****141.25 ****141.25</b>
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #	<b>BUTLER, EDITH D                      1903 22ND STREET WEST                      BRADENTON FL</b>	CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	
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DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

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 BUTLER* **SIGNATURE REQUIRED** *Clair Butler* **29 April 02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)