

2002 UNIFORM BUSINESS REPORT (UBR)

0006914 AT

DOCUMENT # **A98000002463**

1. Entity Name

GERALD E. BUTTS LIMITED PARTNERSHIP

FILED

02 MAY 20 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**2509 HIGHWAY 77
LYNN HAVEN FL 32444**

Mailing Address

**2509 HIGHWAY 77
LYNN HAVEN FL 32444**



2. Principal Place of Business

3. Mailing Address

1738 WINDWOOD LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

LYNN HAVEN FL

4. FEI Number

59-3548779

Applied For

Not Applicable

Zip

Country

Zip

Country

32444

DAY

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

**BUTTS, GERALD E
2509 HIGHWAY 77
LYNN HAVEN FL 32444**

Name

BUTTS, GERALD E

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

1738 WINDWOOD LANE

City

LYNN HAVEN

FL

Zip Code

32444

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.

DATE

9. Capital Contributions
as Shown on record.

\$904,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**BUTTS, GERALD E TRUSTEE
2509 HIGHWAY 77
LYNN HAVEN FL 32444**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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DOCUMENT #
NAME
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5-15-02 858-265-9681

Date

Daytime Phone #

CR2E003 (9/01)