

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F26991

1. Entity Name

BUTLER, HODGE AND WEAVER, M.D., P.A.

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90155 033 ***550.00

Principal Place of Business

3824 OAKWATER CIRCLE
ORLANDO FL 32806
US

Mailing Address

3824 OAKWATER CIRCLE
ORLANDO FL 32806
US

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

59-2069766

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, STEPHEN A
517 DERRYDOWN DRIVE
ORLANDO FL 32806

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	STD BUTLER, STEPHEN A 517 DERRY DOWN DRIVE ORLANDO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUTLER, STEPHEN A 517 DERRY DOWN DRIVE ORLANDO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD HODGE, G. BYRON JR. 9037 POINT CYPRESS DRIVE ORLANDO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEAVER, ROBERT P. 1108 LANCASTER DR. ORLANDO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: Dr. Stephen A. Butler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dr. Stephen A. Butler (407) 826-8999
7-18-00

CR 1024 (3/00)