

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K39257

1. Entity Name

JOHN BUTTREY CONSTRUCTION AND DEVELOPMENT, INC.

Principal Place of Business

6239 EDGEWATER DR
STE D-1
ORLANDO FL 32810
US

Mailing Address

PO BOX 1029
CLARCONA FL 32710-1029
US

2. Principal Place of Business

211 PINEY WOODS RD.

Suite, Apt. #, etc.

APOPKA, FL.

City & State

32703

Zip

Country

ORANGE

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

JOHN BUTTREY
6239 EDGE WATER DR., STE D-1
ORALNDO FL 32810

7. Name and Address of New Registered Agent

Name JOHN Buttrey
Street Address (P.O. Box Number is Not Acceptable) 211 Piney Woods Rd.
City APOPKA FL Zip Code 32703

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 \$150.00
After MAY 1, 2000 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

TITLE	P	<input type="checkbox"/> Delete
NAME	BUTTREY, JOHN W. SR.	
STREET ADDRESS	3124 OAK ALLEY DR.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BUTTREY, NANCY L.	
STREET ADDRESS	3124 OAK ALLEY DR.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Buttrey, John W. Sr.	
STREET ADDRESS	211 Piney Woods Rd.	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Buttrey, Nancy L.	
STREET ADDRESS	211 Piney Woods Rd.	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90101 009 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2928932 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E034 (9/99)

4-24-00 (407) 814-7000