

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006204

1. Entity Name

BUTTREY DEVELOPMENT TWO, LLC

Principal Place of Business

6239 EDGEWATER DRIVE, SUITE D-1
ORLANDO FL 32810

Mailing Address

6239 EDGEWATER DRIVE, SUITE D-1
ORLANDO FL 32810

2. Principal Place of Business

211 Piney Woods Rd.
Suite, Apt. #, etc.

3. Mailing Address

211 Piney Woods Rd.
Suite, Apt. #, etc.

City & State

Apopka, FL.

City & State

Apopka, FL 32703

4. FEI Number

59-3652-174

Applied For

Not Applicable

Zip

32703

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BUTTREY, JOHN

~~6239 EDGEWATER DRIVE, SUITE D-1~~
~~ORLANDO FL 32810~~
211 Piney Woods Rd
Apopka, FL 32703

7. Name and Address of New Registered Agent

Name

BUTTREY, JOHN

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]
Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

4-12-01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
JOHN BUTTREY
211 Piney Woods Rd.
Apopka, FL 32703
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
NANCY BUTTREY
211 Piney Woods Rd.
Apopka, FL 32703
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200004376642-5
-06/07/01--01130--009
*****50.00 *****50.00
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-12-01

407-814-7000

FILED

2001 MAY -9 PM 12:36

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

