

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90099 023 ****50.00

DOCUMENT # L01000004110

1. Entity Name

BUTLER, DUNLAP & LINDQUIST, LLC



Principal Place of Business

**660 EAST JEFFERSON STREET
C/O BOB LINDQUIST
TALLAHASSEE FL 32301**

Mailing Address

**660 EAST JEFFERSON STREET
C/O BOB LINDQUIST
TALLAHASSEE FL 32301**

2. Principal Place of Business

1882 CAPITAL CIRCLE N.E.

3. Mailing Address

1882 CAPITAL CIRCLE N.E.

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

Zip

32308

Country

USA

Zip

32308

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3708047**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MANG, DOUGLAS A
660 EAST JEFFERSON STREET
MANG LAW FIRM, P.A.
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

BUTLER, TIMOTHY J.

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

1882 CAPITAL CIRCLE, N.E.

SUITE 201

City

TALLAHASSEE

FL

Zip Code

32308

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Timothy J. Butler

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

(NOTE: Registered Agent signature required when reinstating)

1/9/03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **BUTLER, TIMOTHY J**
STREET ADDRESS **660 E JEFFERSON ST**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **MGRM** ☒ Delete
NAME **LINDQUIST, ROBERT J**
STREET ADDRESS **660 E JEFFERSON ST**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **MGRM** ☐ Delete
NAME **DUNLAP, IV, GEORGE T**
STREET ADDRESS **660 E JEFFERSON ST**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1882 CAPITAL CIRCLE N.E., STE 201**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1882 CAPITAL CIRCLE N.E., STE 201**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

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

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:

Timothy J. Butler

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

Date

Daytime Phone #

Timothy J. Butler 1/9/03 850-222-9913

CR2E083 (10/02)