

2001 UNIFORM BUSINESS REPORT (UBR)

0024713 AF

DOCUMENT # L99000006702

1. Entity Name

GREGORY BUTTE, LLC

FILED 01 APR 16 PM 2:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

C/O RAIMO PIRSKMAN
4801 SE 11TH AVE.
OCALA FL 34480

Mailing Address

C/O RAIMO PIRSKMAN
4801 SE 11TH AVE.
OCALA FL 34480

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3603224

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIRSKANEN, RAIMO
4801 SE 11TH AVE.
OCALA FL 34480

7. Name and Address of New Registered Agent

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

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME GORMAN, GARY R
STREET ADDRESS 5100 TAMiami TRAIL NORTH, SUITE 105
CITY-ST-ZIP NAPLES FL 34103

☒ Delete

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NAME
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10. ADDITIONS/CHANGES

TITLE MGR
NAME PIRSKANEN, RAIMO
STREET ADDRESS 4801 SE 11TH Avenue
CITY-ST-ZIP Ocala, FL 34480

☒ Change

☐ Addition

TITLE
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CITY-ST-ZIP

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CR2E083 (1/1/00)

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:

RAIMO PIRSKANEN

4/11/01

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

Date

Daytime Phone #