

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N000000001042

1. Entity Name

Butler Basketball School, Inc.

FILED

01 AUG 29 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

P.O. Box 561523
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 561523
Suite, Apt. #, etc.

5/02/01 90155/028 \$70.00
DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

33256

Country

Dade

Zip

33256

Country

Dade

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Butler, Jake
21740 SW 99th
Miami, FL 33190

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 \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

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	
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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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P/D
STREET ADDRESS	Jake R. Butler
CITY-ST-ZIP	21740 SW 99th Miami, FL 33190
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP/D
STREET ADDRESS	Jill Henne
CITY-ST-ZIP	2255 SW 152 Ave, Apt 412 Miami, FL 33193
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T
STREET ADDRESS	Kamla Butler
CITY-ST-ZIP	11704 SW 125th Miami, FL 33186
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	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jake R. Butler Jake R. Butler 9-21-01 305-926-2439

CR2E037 (5/01)