

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001042

1. Entity Name

BUTLER BASKETBALL SCHOOL, INC.

FILED

Jun 04, 2002 8:00 am
Secretary of State

06-04-2002 90203 005 ****70.00

Principal Place of Business

P.O. BOX 561523
MIAMI FL 33256

Mailing Address

P.O. BOX 561523
MIAMI FL 33256

2. Principal Place of Business

15391 S. Dixie Hwy
Suite 60
Miami, FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, FL

Zip
33157

Country
US

Zip

Country

4. FEI Number 65-1003970
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUTLER, JAKE

21740 SW 99 CT.

MIAMI FL 33190

7. Name and Address of New Registered Agent

Name

Butler, Jake

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

15391 S. Dixie Hwy Suite 60

City

Miami

FL

Zip Code

33157

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUTLER, JAKE R 21740 S.W. 99 COURT MIAMI FL 33190	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HENNE, JILL 8255 S.W. 152 AVENUE, APT. 412 MIAMI FL 33193	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BUTLER, KAMLA 11704 S.W. 125 COURT MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Butler, Jake R 15391 S. Dixie Hwy. Suite 60 Miami, FL 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tracy Goodhoo 11434 SW 112 Ave. Suite 60 Miami, FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Lorenzo Pearson III 15391 S. Dixie Hwy. Suite 60 Miami, FL 33157	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pat Lawrence 15391 S. Dixie Hwy, Suite 60 Miami, FL 33157	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/02 305-926-2839
786-425-0543

CR2E037 (9/01)