

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000001042

FILED
Apr 28, 2003
Secretary of State

Entity Name: BUTLER BASKETBALL SCHOOL, INC.

Current Principal Place of Business:

15391 S. DIXIE HWY
SUITE 60
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 561523
MIAMI, FL 33256

New Mailing Address:

FEI Number: 65-1003970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTLER, JAKE
15391 S. DIXIE HWY
SUITE 60
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BUTLER, JAKE R
Address: 15391 S. DIXIE HWY -SUITE 60
City-St-Zip: MIAMI, FL 33157

Title: VPD () Delete
Name: HENNE, JILL
Address: 8255 S.W. 152 AVENUE, APT. 412
City-St-Zip: MIAMI, FL 33193

Title: T () Delete
Name: BUTLER, KAMLA
Address: 11704 S.W. 125 COURT
City-St-Zip: MIAMI, FL 33186

Title: S () Delete
Name: BOODHOE, TRACY
Address: 11434 S.W. 112TH AVENUE
City-St-Zip: MIAMI, FL 33186

Title: M () Delete
Name: PEARSONS, LORENZO III
Address: 15391 S. DIXIE HWY - SUITE 60
City-St-Zip: MIAMI, FL 33157

Title: C () Delete
Name: LAWRENCE, PAT
Address: 15391 S. DIXIE HWY -SUITE 60
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAKE BUTLER

PD

04/28/2003

Electronic Signature of Signing Officer or Director

Date

LADON ECHOLS , TD
15 391 S. DIXIE HWY. SUITE 60
MIAMI, FL 33157