

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90036 035 ****61.25

DOCUMENT # N33325

1. Entity Name

BUTTERFIELD FOUNDATION, INC.



Principal Place of Business

**206 N 3RD STREET
LEESBURG FL 34748
US**

Mailing Address

**14595 ROLLER COASTER RD
COLORADO SPRINGS CO 80921
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2972150**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUTTERFIELD, CRAIG
751 OLD MT DORA RD
EUSTIS FL 32726**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	BUTTERFIELD, CRAIG W.	444 ROSSITER STREET	MOUNT DORA FL	<input type="checkbox"/>
VD	BUTTERFIELD, ELAINE N.	444 ROSSITER STREET	MOUNT DORA FL	<input type="checkbox"/>
ST	BUTTERFIELD, ELAINE N.	444 ROSSITER STREET	MOUNT DORA FL	<input type="checkbox"/>
D	CAUTHEN, WILLIAM H.	131 W. MAIN STREET	TAVARES FL	<input type="checkbox"/>
D	BROOKS, W. THOMAS	206 NORTH 3RD STREET	LEESBURG FL	<input type="checkbox"/>
D	DOUGLAS, GOLDBERG	2500 N. GIRLARD DR. STE 100	CO. SPR. CO, 80909-1161	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	CRAIG & ELAINE BUTTERFIELD	14595 ROLLER COASTER RD.	COLO. SPGS., COLO. 80921	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	CRAIG & ELAINE BUTTERFIELD	14595 ROLLER COASTER RD.	COLO. SPGS., COLO. 80921	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	CRAIG & ELAINE BUTTERFIELD	14595 ROLLER COASTER RD.	COLO. SPGS., COLO. 80921	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (10/02)

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: **CRAIG BUTTERFIELD**

1/4/03 719-484-0550