

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001466

1. Entity Name

BUTTONWOOD COURT OWNERS' ASSOCIATION, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90091 044 ****61.25

Principal Place of Business

1901 SOUTH ROOSEVELT BLVD. 207N
KEY WEST FL 33040

Mailing Address

P.O. BOX 5891
KEY WEST FL 33045-5891

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SPOTTSMOOD, JOHN M JR.
500 FLEMING STREET
KEY WEST FL 33040

4. FEI Number

65-0826016

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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 | DP | <input type="checkbox"/> Delete |
| NAME | GREEN, PHILLIP L | |
| STREET ADDRESS | 1901 S. ROOSEVELT BLVD. 207N | |
| CITY-ST-ZIP | KEY WEST FL 33040 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | HEDGES, KELLY G | |
| STREET ADDRESS | 3371 DONALD AVE | |
| CITY-ST-ZIP | KEY WEST FL 33040 | |
| TITLE | DTS | <input type="checkbox"/> Delete |
| NAME | GREEN, SANDRA S | |
| STREET ADDRESS | 1901 S. ROOSEVELT BLVD. 207N | |
| CITY-ST-ZIP | KEY WEST FL 33040 | |
| 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 | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------|--|
| TITLE | DVP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Mark Hamby | |
| STREET ADDRESS | 3347 Donald Avenue | |
| CITY-ST-ZIP | Key West, FL 33040 | |
| 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 | | |
| 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: *Sandra S. Green* **Sandra S. Green**
SECRETARY

2/7/2000

(305) 294-8539

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF12E037 (9/99)