

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

04-16-2001 90025 014 *****70.00

DOCUMENT # N98000004123

1. Entity Name

THE LEROY BUTLER FOUNDATION, INC.

Principal Place of Business

Mailing Address

5238-15 NORWOOD AVE
JACKSONVILLE FL 322085238-15 NORWOOD AVE
JACKSONVILLE FL 32208(C) 5238-10 Norwood Ave
Jacksonville, FL 32208(C) 5238-10 Norwood Ave
Jacksonville, FL 32208

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Jacksonville Fla.

Zip

Country

Zip
32203

Country

U.S.

4. FEI Number

59-3524020

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

Name

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

City

FL

Zip Code

LEE-REDDING, CARRIE M
5238-15 NORWOOD AVE
JACKSONVILLE FL 32208

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

Carrie M. Lee-Redding

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/4/01

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BUTLER, LEROY
STREET ADDRESS 8007 ACORN RIDGE RD
CITY-ST-ZIP JACKSONVILLE FL 32258TITLE P ☐ Delete
NAME BUTLER, RHODESIA L
STREET ADDRESS 8007 ACORN RIDGE RD
CITY-ST-ZIP JACKSONVILLE FL 32258TITLE D ☐ Delete
NAME WARREN, CLERE
STREET ADDRESS 9250 BAYMEADOWS RD #220
CITY-ST-ZIP JACKSONVILLE FL 32258TITLE D ☐ Delete
NAME COHEN, ANTHONY
STREET ADDRESS 5238-15 NORWOOD AVE
CITY-ST-ZIP JACKSONVILLE FL 32208TITLE D ☐ Delete
NAME HURST, RODNEY L SR
STREET ADDRESS 5863 CARVER PINES CT
CITY-ST-ZIP JACKSONVILLE FL 32219TITLE ☐ Delete
NAME Hazel L Yates
STREET ADDRESS 5238-15 Norwood Ave
CITY-ST-ZIP Jacksonville, FL 32208

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Director ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE President ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE Director ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE Director ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE Director ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE Director ☐ Change ☒ AdditionNAME
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:

Rhodesia Butler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)