

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P07454

1. Entity Name

W.A. BUTLER COMPANY

Principal Place of Business

445 SW 52ND AVE  
SUITE 200  
ORLANDO FL 34474  
US

Mailing Address

5600 BLAZER PARKWAY  
5600 BRADENTON AVENUE  
DUBLIN OH 43017-3574  
US

2. Principal Place of Business

3. Mailing Address

5600 BLAZER PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Dublin, OH

Zip

Country

Zip

Country

43017

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)



**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME DEPUTY, HOWARD  
STREET ADDRESS 5000 BRADENTON AVENUE  
CITY-ST-ZIP DUBLIN OH 43017 ☒ Delete

TITLE PD  
NAME Deputy, Howard  
STREET ADDRESS 5600 BLAZER PARKWAY  
CITY-ST-ZIP Dublin, OH 43017 ☒ Change ☐ Addition

TITLE S  
NAME BAKER, SALLY  
STREET ADDRESS 5000 BRADENTON AVENUE  
CITY-ST-ZIP DUBLIN OH 43017 ☒ Delete

TITLE S  
NAME Baker, Sally  
STREET ADDRESS 5600 BLAZER PARKWAY  
CITY-ST-ZIP Dublin, OH 43017 ☒ Change ☐ Addition

TITLE D  
NAME CHIMPLES, GEORGE  
STREET ADDRESS 602 GSB BUILDING  
CITY-ST-ZIP BALA CYNWYD PA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME RITT, ANN B.  
STREET ADDRESS 602 GSB BUILDING  
CITY-ST-ZIP BALA CYNWYD PA 19004 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPFA  
NAME MCNEIL, LEO E.  
STREET ADDRESS 5000 BRADENTON AVE.  
CITY-ST-ZIP DUBLIN OH ☒ Delete

TITLE VPFA  
NAME McNeil, Leo E.  
STREET ADDRESS 5600 BLAZER PARKWAY  
CITY-ST-ZIP Dublin, OH 43017 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lellie Smith Gen. Acct Supervisor

3-29-00

614-761-9095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/93)