

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2002 8:00 am**  
**Secretary of State**

02-10-2002 90027 034 \*\*\*150.00

**DOCUMENT # P93000011015**

**1. Entity Name**  
**BUTLER'S RESTAURANT AND LOUNGE, INC.**

**Principal Place of Business**

**BUTLER BAY ROAD**  
**HIGHLAND VIEW**  
**PORT ST. JOE FL 32456**

**Mailing Address**

**P.O. BOX 212**  
**HIGHLAND VIEW**  
**PORT ST. JOE FL 32456**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**59-3164982**

Applied For

Not Applicable

Zip

Country

Zip

Country

**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**

**BUTLER, RONALD W**  
**BUTLER BAY ROAD**  
**HIGHLAND VIEW**  
**PORT ST. JOE FL 32456**

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**

*Elaine Kennedy*

(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, 2002 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** **D** ☐ Delete  
**NAME** **KENNEDY, CATHY E**  
**STREET ADDRESS** **BUTLER BAY ROAD HIGHLAND VIEW**  
**CITY-ST-ZIP** **PORT ST. JOE FL 32456**

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

**TITLE** **D** ☐ Delete  
**NAME** **BUTLER, RONALD W**  
**STREET ADDRESS** **BUTLER BAY ROAD HIGHLAND VIEW**  
**CITY-ST-ZIP** **PORT ST. JOE FL 32456**

☐ Change ☐ Addition  
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**CITY-ST-ZIP**

**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:**

*Elaine Kennedy*

*1-22-02 850 227-1386*

Date

Daytime Phone #

CR2E034 (9/01)