

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000039629

1. Entity Name

A.W. BUTLER ENTERPRISES, INC.

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90131 016 \*\*\*150.00

Principal Place of Business

324 NE 11TH PLACE  
OCALA FL 3447

Mailing Address

PO BOX 2879  
OCALA FL 34421

00066249



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0683613

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, ADELBERT W  
3113 SE 49TH PL  
OCALA FL 34480

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, 2001 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	<input type="checkbox"/> Delete
NAME	BUTLER, ADELBERT W	
STREET ADDRESS	5740 N.W. 6TH ST.	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BUTLER, BARBARA E	
STREET ADDRESS	5740 N.W. 6TH ST.	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BUTLER, LAURA L	
STREET ADDRESS	5740 N.W. 6TH ST.	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BUTLER, APRIL J	
STREET ADDRESS	5740 N.W. 6TH ST.	
CITY-ST-ZIP	OCALA FL 34482	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01  
Date

32-244-4947  
Daytime Phone #

CR2E034 (10/00)