

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020345

1. Entity Name

C. B. BUTLER, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90075 015 ***150.00

Principal Place of Business

1021 S. ROGERS CIR., #8
 BOCA RATON FL 33487

Mailing Address

1021 S. ROGERS CIR., #8
 BOCA RATON FL 33487-2821

2. Principal Place of Business

1250 Gateway Rd
 Suite, Apt. #, etc.

3. Mailing Address

1250 Gateway Rd
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lake Park, FL

City & State

Lake Park, FL

4. FEI Number

65-0744233

Applied For

Not Applicable

Zip

Country

33403

Zip

Country

33403

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

HAGOORT, NICHOLAS H JR
 1901 SOUTH CONGRESS AVENUE
 SUITE 360
 BOYNTON BEACH FL 33426

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 PT ☐ Delete
 NAME BUTLER, CHAD B
 STREET ADDRESS 33 GRAND BAY CIRCLE
 CITY-ST-ZIP JUNO BEACH FL 33408

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

TITLE VP S ☐ Delete
 NAME BUTLER, MEREDITH A
 STREET ADDRESS 33 GRAND BAY CIRCLE
 CITY-ST-ZIP JUNO BEACH FL 33408

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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)(f), 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

04/26/00
 Date

(561) 845-3917
 Daytime Phone #

CR2E034 (9/99)