

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000009990

1. Entity Name

BUTTONWOOD COTTAGES, INC. ✓

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90009 046 ***550.00

Principal Place of Business

572 KINZIE ISLAND COURT
 SANIBEL ISLAND FL 33957

Mailing Address

572 KINZIE ISLAND COURT
 SANIBEL ISLAND FL 33957

2. Principal Place of Business

1878 Woodring Pt. Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Sanibel Fl

Suite, Apt. #, etc.

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DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0810084

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CARRINGTON, LYNN D
 572 KINZIE ISLAND COURT
 SANIBEL ISLAND FL 33957

7. Name and Address of New Registered Agent

Name

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

1878 Woodring Pt. Road

City

Sanibel Island

FL

Zip Code

33957

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

7-10-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	CARRINGTON, LYNN D	
STREET ADDRESS	572 KINZIE ISLAND COURT	
CITY-ST-ZIP	SANIBEL ISLAND FL 33957	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CARRINGTON, EDWARD V	
STREET ADDRESS	572 KINZIE ISLAND COURT	
CITY-ST-ZIP	SANIBEL ISLAND FL 33957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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

Lynn D. Carrington 7-10-00

Date

Daytime Phone #

941-395-9061