

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
 05-09-2002 90061 007 ***158.75

DOCUMENT # P99000016171

1. Entity Name
CHRYSTAR REALTY CORPORATION

Principal Place of Business
4260 JAMES STREET UNIT F
PORT CHARLOTTE FL 33980

Mailing Address
PO BOX 3029
PORT CHARLOTTE FL 33949

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0954092

Applied For

Not Applicable

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

BUTNER, LONNIE C
4260 JAMES STREET UNIT F
PORT CHARLOTTE FL 33980

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: Lonnie C Butner
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-02

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 **P** ☐ Delete
NAME **BUTNER, LONNIE C**
STREET ADDRESS **12889 SW PEMBROKE CIR**
CITY-ST-ZIP **LAKE SUZY FL 34266**

TITLE **P** ☒ Change ☐ Addition
NAME **LONNIE C BUTNER**
STREET ADDRESS **12741 SW PEMBROKE CIR.**
CITY-ST-ZIP **LAKE SUZY, FL 34266**

TITLE **V** ☐ Delete
NAME **BUTNER, LONNIE C III**
STREET ADDRESS **8463 CROCKETT RD**
CITY-ST-ZIP **CHRISTIANA TN 37037**

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

TITLE **S** ☒ Delete
NAME **AGUIRRE, BETTY**
STREET ADDRESS **3310 LOVELAND BLVD UNIT 1801**
CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

TITLE **S** ☐ Change ☒ Addition
NAME **BRENDA BUTNER**
STREET ADDRESS **12741 SW PEMBROKE CIR**
CITY-ST-ZIP **LAKE SUZY, FL 34266**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Lonnie C Butner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-02

CR2E034 (9/01)