

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P27234

1. Entity Name

BUTH NA-BODHAIGE, INC.

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90152 002 ***550.00

Principal Place of Business

5036 ONE WORLD WAY
WAKE FOREST NC 27588

Mailing Address

5036 ONE WORLD WAY
WAKE FOREST NC 27588

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 22-2883487

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

THE PRENTICE HALL CORPORATION SYSTEM INC
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P SANDERS, PETER**
STREET ADDRESS 5036 ONE WORLD WAY
CITY-ST-ZIP WAKE FOREST NC 27587

TITLE ☐ Change ☐ Addition
NAME **Saunders**
STREET ADDRESS
CITY-ST-ZIP **Spelling correction.**

TITLE ☐ Delete
NAME VPAS
STREET ADDRESS ARRINGTON, PHYLL
CITY-ST-ZIP 5036 ONE WORLD WAY
WAKE FOREST NC 27587

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

TITLE ☐ Delete
NAME MINKER, ALAN
STREET ADDRESS 5036 ONE WORLD WAY
CITY-ST-ZIP WAKE FOREST NC 27587

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

TITLE ☐ Delete
NAME D ROSE, STUART
STREET ADDRESS WATERSMEAD LITTLEHAMPTON
CITY-ST-ZIP WEST SUSSEX, BN17 6LS, UK

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

TITLE ☐ Delete
NAME D RODDICK, GORDON
STREET ADDRESS WATERSMEAD LITTLEHAMPTON
CITY-ST-ZIP WEST SUSSEX, BN17 6LS, UK

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

TITLE ☐ Delete
NAME AS BORUM, **CANTHER**
STREET ADDRESS 5036 ONE WORLD WAY
CITY-ST-ZIP WAKE FOREST NC 27587

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

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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)