

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2000 8:00 am**  
**Secretary of State**

02-13-2000 90016 042 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 757293**

1. Entity Name  
**RAINTREE VILLAGE PROPERTY OWNERS ASSOCIATION, INC**

Principal Place of Business 7001 TEMPLE TERRACE HWY TEMPLE TERRACE FL 33637 US	Mailing Address 7001 TEMPLE TERRACE HWY TEMPLE TERRACE FL 33637-5734 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number <b>59-2106798</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**LEIB, PATRICIA ESQ.**  
**401 E. JACKSON ST.**  
**SUITE 2400**  
**TAMPA FL 33602**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**420 West Platt Street**  
 City **TAMPA** FL Zip Code **33606**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>COLON, MARIA</b>
STREET ADDRESS	<b>11805 SKYLAKE PL</b>
CITY-ST-ZIP	<b>TEMPLE TERRACE FL</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> Delete
NAME	<b>MCKAY, AUDRA</b>
STREET ADDRESS	<b>11860 S SKYLAKE PLACE</b>
CITY-ST-ZIP	<b>TEMPLE TERRACE FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> Delete
NAME	<b>WALTERS, PATRICIA</b>
STREET ADDRESS	<b>11802 LAKE TREE LN</b>
CITY-ST-ZIP	<b>TEMPLE TERRACE FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> Delete
NAME	<b>SASOVETZ, RAY</b>
STREET ADDRESS	<b>11829-D SKYLAKE PL</b>
CITY-ST-ZIP	<b>TEMPLE TERRACE FL</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> Delete
NAME	<b>MOTO, THERESA</b>
STREET ADDRESS	<b>11870-P SKYLAKE PLACE</b>
CITY-ST-ZIP	<b>TEMPLE TERRACE FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Pettigrew, Nancy</b>
STREET ADDRESS	<b>11717 A Raintree Village Blvd.</b>
CITY-ST-ZIP	<b>Temple Terrace, FL 33637</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Walters, Patricia</b>
STREET ADDRESS	<b>11802-A Lake Tree Lane</b>
CITY-ST-ZIP	<b>Temple Terrace, FL 33637</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D Feuerherdt, Ruth</b>
STREET ADDRESS	<b>11833 Skylake Place</b>
CITY-ST-ZIP	<b>Temple Terrace, FL 33637</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nancy Pettigrew* **Treasurer** 1/17/2000 626-2600  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)