

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A16635**

1. Entity Name  
**RAINTREE LTD.**

Principal Place of Business  
**5000 N.W. 27TH COURT  
SUITE E  
GAINESVILLE FL 32606**

Mailing Address  
**5000 N.W. 27TH COURT  
SUITE E  
GAINESVILLE FL 32606-6500**

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 **59-2303410**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

APPROVED AND FILED  
00 MAR 29 PM 12:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
*mjulo*



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SABIS, WILLIAM R  
5000 N.W. 27TH CT.  
SUITE E  
GAINESVILLE FL 32606**

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 *William R Sabis*

DATE **3-28-00**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. **\$100,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
G92366001683	KORDEX ENTERPRISES	5000 N.W. 27TH COURT #E	GAINESVILLE FL

STREET ADDRESS	CITY - ST - ZIP
5000003204685--1	-04/11/00--01133--018 *****535.00 *****535.00

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *William R Sabis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **3-28-00** (352) 372-7440  
Daytime Phone #

CR2E003 (9/99)