

2000 UNIFORM BUSINESS REPORT (UBR)

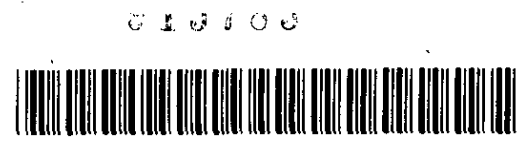
FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90036 018 ***150.00

DOCUMENT # 409551

1. Entity Name
GEORGE RAYNARD CORPORATION

Principal Place of Business 100 CRAIG DRIVE PO BOX 1028 TARPON SPRGS FL 34688-1028	Mailing Address 438 CRAIG DRIVE PO BOX 1028 TARPON SPRGS FL 34688-1028 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 59-1437758	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RAYNARD, GEORGE H
438 CRAIG DRIVE
TARPON SPRINGS FL 34688

7. Name and Address of New Registered Agent
 Name: **BEATRICE L. RAYNARD**
 Street Address (P.O. Box Number is Not Acceptable): **438 CRAIG DRIVE**
 City: **TARPON SPRINGS** FL Zip Code: **34689**

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: BEATRICE L. RAYNARD *Beatrice L. Raynard* 1/10/2000
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 \$150.00
After MAY 1, 2000 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

TITLE: DP NAME: RAYNARD, GEORGE H STREET ADDRESS: P.O. BOX 1028 N/A CITY-ST-ZIP: TARPON SPGS, FL 00000 34688-1028	<input checked="" type="checkbox"/> Delete
TITLE: ST NAME: RAYNARD, BEATRICE L. STREET ADDRESS: 438 CRAIG DR., PO BX 1028 N/A CITY-ST-ZIP: TARPON SPRINGS FL 34688-1028	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: STAMEY, GAIL R. STREET ADDRESS: BOX 94 CITY-ST-ZIP: CANDLER FL 32111	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: DP NAME: BEATRICE L. RAYNARD STREET ADDRESS: 438 CRAIG DRIVE (PO. 1028) CITY-ST-ZIP: TARPON SPRINGS FL 34688-1028	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST NAME: STAMEY, GAIL R. STREET ADDRESS: 10878 SE 108TH TERR. RD. (BOX 94) CITY-ST-ZIP: CANDLER, FL 32111	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: BEATRICE L. RAYNARD *Beatrice L. Raynard* 2/10/2000 937-9340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)