

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90038 009 \*\*\*150.00

<b>DOCUMENT # 409551</b>	
1. Entity Name <b>GEORGE RAYNARD CORPORATION</b>	
Principal Place of Business <b>438 CRAIG DRIVE PO BOX 1028 TARPON SPRGS FL 34688-1028 US</b>	Mailing Address <b>438 CRAIG DRIVE PO BOX 1028 TARPON SPRGS FL 34688-1028 US</b>



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		4. FEI Number <b>59-1437758</b>		Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent  <b>RAYNARD, GEORGE H 438 CRAIG DRIVE TARPON SPRINGS FL 34688</b>				7. Name and Address of New Registered Agent Name <b>BEATRICE GILBERT BRITTON</b> Street Address (P.O. Box Number is Not Acceptable) <b>438 CRAIG DRIVE</b> <b>P.O. 1028</b> City <b>TARPON SPRINGS</b> <b>FL</b> Zip Code <b>34688</b>			
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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 Gilbert Britton, President* *1/23/01*  
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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RAYNARD, BEATRICE L. 438 CRAIG DR., PO BX 1028 N/A TARPON SPRINGS FL 34688-1028 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRITTON, BEATRICE GILBERT 438 CRAIG DR., PO BOX 1028 TARPON SPRINGS, FL 34688-1028 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STAMEY, GAIL R. BOX 94 CANDLER FL 32111 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 Gilbert Britton* *1/23/01* *(727) 937-9340*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)