

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 449867

1. Entity Name

RACHAEL INTERNATIONAL, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90029 009 \*\*\*150.00

Principal Place of Business

1706 E SEMORAN BLVD  
113-114  
APOPKA FL 32703  
US

Mailing Address

1706 E SEMORAN BLVD  
113-114  
APOPKA FL 32703-5651  
US

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

59-1974529

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

MC DONALD, GARY J.  
1706 E SEMORAN BLVD  
113-114  
APOPKA FL 32703

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. ☐

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDC ☐ Delete  
NAME MCDONALD, GARY J.  
STREET ADDRESS 1706 E SEMORAN BLVD, STE113-114  
CITY-ST-ZIP APOPKA FL

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

TITLE STD ☐ Delete  
NAME MCDONALD, SUSAN  
STREET ADDRESS 1706 E SEMORAN BLVD, 113-114  
CITY-ST-ZIP APOPKA FL

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

TITLE D ☐ Delete  
NAME DRAFT, LAVON  
STREET ADDRESS 817 CLARION DRIVE  
CITY-ST-ZIP FULLERTON CA

TITLE ☐ Change ☐ Addition  
NAME Dragt, Lavon  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME DRAFT, VERNON  
STREET ADDRESS 817 CLARION DRIVE  
CITY-ST-ZIP FULLERTON CA

TITLE ☐ Change ☐ Addition  
NAME Dragt, Vernon  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME ELLIS, IRENE  
STREET ADDRESS 3007 CULLEN LK SHORE DR  
CITY-ST-ZIP ORLANDO FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-00

(407) 814-0222

Date

Daytime Phone #

CR2E034 (9/99)