

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750621

1. Entity Name

RAINTREE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

330 OLDE POST RD.  
NICEVILLE FL 32578  
US

330 OLDE POST RD.  
NICEVILLE FL 32578-3904  
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

59-2819167

Applied For

Not Applied For

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

SHIPLEY, BRUCE  
330 OLDE POST RD.  
NICEVILLE FL 32578

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

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME KING, GEORGE S  
STREET ADDRESS 303 OLDE POSTE RD  
CITY-ST-ZIP NICEVILLE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS 303 OLDE POST RD.  
CITY-ST-ZIP ☒ Change ☐

TITLE VD  
NAME HOHN, LUNDA  
STREET ADDRESS 264 OLDE POSTE ROAD  
CITY-ST-ZIP NICEVILLE FL 32578 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 264 OLDE POST RD  
CITY-ST-ZIP ☒ Change ☐

TITLE TD  
NAME SNELL, MARY R  
STREET ADDRESS 4508 SOUTH BRISTOL CT  
CITY-ST-ZIP NICEVILLE FL 32578 ☐ Delete

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

TITLE SD  
NAME COCCO, ROCHELLE C  
STREET ADDRESS 11 HAMPTON CIRCLE  
CITY-ST-ZIP NICEVILLE FL 32578 ☐ Delete

TITLE VD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐

TITLE VD  
NAME HURTADO, TINA  
STREET ADDRESS 447 OLDE POST RD  
CITY-ST-ZIP NICEVILLE FL 32578 ☒ Delete

TITLE SD  
NAME SHIPLEY, BRUCE C.  
STREET ADDRESS 330 OLDE POST RD  
CITY-ST-ZIP NICEVILLE, FL 32578 ☐ Change ☒

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Bruce C. Shipley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

14 JAN 00 (850) 897-3174

FILED  
Feb 08, 2000 8:00 am  
Secretary of State

02-08-2000 90049 043 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE