

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90003 044 ****61.25

DOCUMENT # 750621

1. Entity Name

RAINTREE ASSOCIATION, INC.

Principal Place of Business

**330 OLDE POST RD.
 NICEVILLE FL 32578
 US**

Mailing Address

**330 OLDE POST RD.
 NICEVILLE FL 32578
 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 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

**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.

(NOT: 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** ☐ Delete
 NAME **KING, GEORGE S**
 STREET ADDRESS **303 OLDE POST RD**
 CITY-ST-ZIP **NICEVILLE FL**

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

TITLE **VD** ☐ Delete
 NAME **HOHN, LINDA**
 STREET ADDRESS **303 OLDE POST RD**
 CITY-ST-ZIP **NICEVILLE FL 32578**

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

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

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

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

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

TITLE **SD** ☒ Delete
 NAME **SHIPLEY, BEAD C**
 STREET ADDRESS **330 OLD POST RD**
 CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE ☒ Change ☐ Addition
 NAME **ADAMS, MARK**
 STREET ADDRESS **1245 SHIPLEY DRIVE**
 CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

SIGNATURE: *[Signature]* **May Rooney Snell Mary R. Snell 5/19/01**
APRIL 22 2001 (85) 897-3172

CR2E037 (10/00)