## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 05, 2000 8:00 am Secretary of State **DOCUMENT # 753221** 1. Entity Name RAINTREE MANOR HOMES CONDOMINIUM ASSOCIATION NO. 02-05-2000 90052 008 \*\*\*\*61.25 Principal Place of Business Mailing Address 7001 TEMPLE TERRACE HWY 7001 TEMPLE TERRACE HWY TEMPLE TERRACE FL 33637 TEMPLE TERRACE FL 33637-5734 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2069818 Not Applie Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ---- 6. Name and Address of Current Registered Agent. Name Street Address (P.O. Box Number is Not Acceptable) LEIB, PATRICIA 401 E. JACKSON ST. **SUITE 2400** 33606 TAMPA-FL-03602 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME TAFFER, LLOYD NAME STREET ADDRESS STREET ADDRESS 11830 WILDFLOWER PL. CITY-ST-ZIP CITY-ST-ZIP TEMPLE TERRACE FL Delete Barry, Pat 11825 Oldgrove Ph Temple Terrace ☐ Change ☐ Addition TITLE TITLE SD NAME COLCORD, JOHN STREET ADDRESS STREET ADDRESS 11877 RAINTREE DRIVE CITY-ST-7/P °=> CITY-ST-ZIP TEMPLE TERRACE FI Change 1 Addition Addition Delete TITLE TITLE Fuller, Fred 11818 RAINTREE DR NAME NAME GENTRY, NANCY STREET ADDRESS STREET ADDRESS 11850 WILDFLOWER PL CITY-ST-7IP Temple Terrace, CITY-ST-ZIP TEMPLE TERRACE FL ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIF ☐ Delete ☐ Change ☐ Additior TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as recorded by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addre

Date

SIGNATURE: