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2001 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receichanged, or on an attachmen

SIGNATURE:

Jan 20, 2001 8:00 am **DOCUMENT # 753221** Secretary of State 01-20-2001 90003 013 ****61.25 RAINTREE MANOR HOMES CONDOMINIUM ASSOCIATION NO. Principal Place of Business Mailing Address 7001 TEMPLE TERRACE HWY 7001 TEMPLE TERRACE HWY 900386 TEMPLE TERRACE FL 33637 TEMPLE TERRACE FL 33637 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FE! Number 59-2069818 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LEIB. PATRICIA **420 W PLATT ST** TAMPA FL 33606 City Zip Code FL 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: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Metcaif, RonnA 11846 Wildflower Pl. Temple Terrace, F. 33617 nange TITLE TITLE Delete NAME TAFFER, LLOYD NAME STREET ADDRESS 11830 WILDFLOWER PL. STREET ADDRESS CITY-ST-ZIP TEMPLE TERRACE FL CITY-ST-ZIP LENTRY, NANCY 11850 Wild Flower Pl. TITLE SD TITI E]hange NAME BARRY, PAT NAME STREET ADDRESS 11825 OLDGROVE PL STREET ADDRESS Temple Terrace, F. 33617 CITY-ST-7IP CITY-ST-ZIP TEMPLE TERRACE FL TITLE Delete TITLE -Butler, JOHN 11871 RaintRee DR. FULLER, FRED NAME NAME STREET ADDRESS 11818 RAINTREE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TEMPLE TERRACE FL Temple Terrace, ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 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 of trystee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if