

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001231

1. Entity Name

RAYMER PROPERTIES, INC.

Principal Place of Business

Mailing Address

1708 HARVARD DRIVE  
LOUISVILLE KY 40205

1708 HARVARD DRIVE  
LOUISVILLE KY 40205

2. Principal Place of Business

12601 SUMMER SPRING CT

3. Mailing Address

12601 SUMMER SPRING CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LOUISVILLE, KY

City & State

LOUISVILLE, KY

Zip

40243

Country

Zip

40243

Country

4. FEI Number

61-0909725

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAYMER, DAVID R  
5306 CHIPPENDALE CIRCLE  
FORT MYERS FL 33919

7. Name and Address of New Registered Agent

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.  
(See criteria on back)



FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 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

TITLE	PC	<input checked="" type="checkbox"/> Delete
NAME	RAYMER, JOSEPH D	
STREET ADDRESS	1708 HARVARD DRIVE	
CITY-ST-ZIP	LOUISVILLE KY 40205	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	RAYMER, DORIS S	
STREET ADDRESS	1708 HARVARD DRIVE	
CITY-ST-ZIP	LOUISVILLE KY 40205	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAYMER, DAVID R	
STREET ADDRESS	5306 CHIPPENDALE CIRCLE	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT, SECRETARY, TREASURER,	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORIS S. RAYMER	
STREET ADDRESS	12601 SUMMER SPRING CT	
CITY-ST-ZIP	LOUISVILLE, KY 40243	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME AS II	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE:

*Doris S. Raymer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/01

Date

Daytime Phone #

FILED  
Apr 02, 2001 8:00 am  
Secretary of State

04-02-2001 90290 044 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

0585004

CR2E034 (10/00)