

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90035 032 \*\*\*150.00

**DOCUMENT # K03890**

1. Entity Name

**RAINES & BONE ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

**1412 INTREPID DR.  
 DELAND FL 32724**

**1412 INTREPID DR.  
 DELAND FL 32724-2168**

**C0017719**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2861968**

Applied  
 Not Applied

Zip

Country

Zip

Country

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

**BONE, MARSHALL B. (JR)  
 1412 INTREPID DR.  
 DELAND FL 32724**

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 Added to Fee**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	DS	<input type="checkbox"/> Delete
NAME	BONE, MARSHALL J B	
STREET ADDRESS	900 PINE TREE TERRACE	
CITY-ST-ZIP	DELAND FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BONE, MARSHALL B JR.	
STREET ADDRESS	900 PINE TREE TERRACE	
CITY-ST-ZIP	DELAND FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BONE, MARSHALL B JR	
STREET ADDRESS	900 PINE TREE TERRACE	
CITY-ST-ZIP	DELAND FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	COGGINS, LESLIE S.	
STREET ADDRESS	701 N KANIAS	
CITY-ST-ZIP	DELAND FL	
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"/> Change <input type="checkbox"/>
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 12, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**MARSHALL B. BONE JR.** **1-31-00** **904-734**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #