

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State
03-16-2001 90020 036 ***150.00

DOCUMENT # K08415

1. Entity Name
RAINTREE UTILITIES, INC.

Principal Place of Business

37731 SR 19
UMATILLA FL 32784
US

Mailing Address

37731 SR 19
UMATILLA FL 32784
US

2. Principal Place of Business

2100 Lake Eustis Drive

Suite, Apt. #, etc.

3. Mailing Address

2100 Lake Eustis Drive

Suite, Apt. #, etc.

City & State
Tavares, FL

City & State
Tavares, FL

4. FEI Number **59-2882967**

Applied For
Not Applicable

Zip
32778

Country
US

Zip
32778

Country
US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BLANCHARD, CLAYTON, H, JR
35 E PINEHURST BLVD
EUSTIS FL 32726

7. Name and Address of New Registered Agent

Name **Keith J. Shamrock**

Street Address (P.O. Box Number is Not Acceptable)

2100 Lake Eustis Drive

City **Tavares** **FL** Zip Code **32778**

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 *Keith J. Shamrock*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/9/01

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 **D** ☒ Delete
NAME **MONN, DON**
STREET ADDRESS **37731 SR 19**
CITY-ST-ZIP **UMATILLA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☒ Addition
NAME **Keith J. Shamrock**
STREET ADDRESS **P.O. Box 1840**
CITY-ST-ZIP **Eustis FL 32726-1840**

TITLE ☐ Change ☒ Addition
NAME **VP FRED BROWN**
STREET ADDRESS **4811 CR 117A**
CITY-ST-ZIP **WILDOOD, FL 32778**

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

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

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TITLE ☐ Change ☐ 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: *Keith J. Shamrock*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/01

Date

Daytime Phone #

352-343-6677

CR2E034 (10/00)