

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000022982

1. Entity Name

RUSTIC LAND MANAGEMENT, INC.

Principal Place of Business

Mailing Address

12568 69TH ST. N.
W. PALM BEACH FL 33412

12568 69TH ST. N.
W. PALM BEACH FL 33412

2. Principal Place of Business

14689 21st Road North

Suite, Apt. #, etc.

3. Mailing Address

14689 21st Road North

Suite, Apt. #, etc.

City & State

Loxahatchee, FL

City & State

Loxahatchee, FL

Zip

33470

Country

USA

Zip

33470

Country

USA

4. FEI Number

65-1000873

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAINES, KATHERINE R
12568 69TH ST. N.
W. PALM BEACH FL 33412

7. Name and Address of New Registered Agent

Name

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

14689 21st Road North

City

Loxahatchee

State

Zip Code

33470

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	D	<input type="checkbox"/> Delete
NAME	RAINES, KATHERINE R	
STREET ADDRESS	12568 69TH ST. N.	
CITY- ST- ZIP	W. PALM BEACH FL 33412	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raines, Katherine R	
STREET ADDRESS	14689 21st Road No.	
CITY- ST- ZIP	Loxahatchee, FL 33470	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Raines, Jackie W	
STREET ADDRESS	14689 21st Road No.	
CITY- ST- ZIP	Loxahatchee, FL 33470	
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: Katherine R. Raines Katherine R. Raines

4/23/01

561-793-3070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91552 011 ***158.75

C0068440



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)