

2001 UNIFORM BUSINESS REPORT (UBR)

3
FILED
Apr 07, 2001 8:00 am
Secretary of State
03-01-2001 90510 001 ***600.00

DOCUMENT # P00000024213

1. Entity Name

WHITE RAIN SALES COMPANY

Principal Place of Business

3901 COCONUT PALM DRIVE SUITE 100
TAMPA FL 33619

Mailing Address

3901 COCONUT PALM DRIVE SUITE 100
TAMPA FL 33619

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

99-3633133

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HENDEE, BRETT ESO
100 S ASHLEY DRIVE SUITE 1770
TAMPA FL 33602

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 is applicable.

(NOTE: Registered Agent signature required when re-electing)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BRUCE TRAVIS <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GARY RAYMOND <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERT MARTIN <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURER BRUCE STAFFORD <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

BRUCE STAFFORD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/01
Date

813-622-8885
Daytime Phone #

CR20034 (10/00)



March 13, 2001

White Rain Sales Company
3901 Coconut Palm Drive
Suite 100
Tampa, FL 33619

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Attachment Document # P00000024213 - 35139
White Rain Sales Company

In response to your letter dated 3/5/01, attached is the list of officers and their addresses.

CEO Bruce Travis	3901 Coconut Palm Drive, Suite 100, Tampa, FL 33619
President Gary Raymond	3901 Coconut Palm Drive, Suite 100, Tampa, FL 33619
EVP Bert Martin	3901 Coconut Palm Drive, Suite 100, Tampa, FL 33619
S/T Bruce Stafford	3901 Coconut Palm Drive, Suite 100, Tampa, FL 33619

If you need further information, please contact me at 813-622-8895 x 1205.

Sincerely,

Handwritten signature of Julie Rogers in cursive script.

Julie Rogers
Staff Accountant