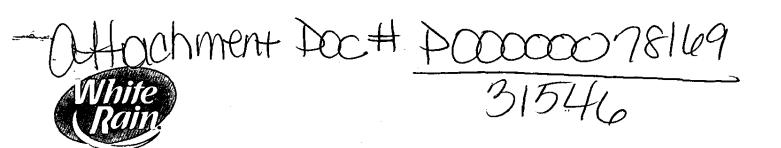
## **.2021 UNIFORM BUSINESS REPORT (UBR)**

## Mar 19, 2001 8:00 am DOCUMENT # P00000078169 **Secretary of State** 03-01-2001 90510 001 \*\*\*600.00 THE WHITE RAIN COMPANY Principal Place of Business Mailing Address 3901 COCONUT PALM DRIVE 3901 COCONUT PALM DRIVE SUITE 100 SUITE 100 TAMPA FL 33619 **TAMPA FL 33619** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 59-3682360 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired- - D -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HENDEE, BRETT ESQ. Street Address (P.O. Box Number is Not Acceptable) 100 S. ASHELY DRIVE **SUITE 1770 TAMPA FL 33602** Zip Code 6. 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 alguature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Delete Addition TITLE TITLE Change CEO NAME BRUCE TRAVIS NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP Delete PIZEL: NENT TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition TITLE Oelete TITLE ☐ Change NAMÉ NAME BERT MARTIN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE SIT Delete TITLE □ Addition NAME NAME BRUCE STAFFORD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition MILE TITLE ☐ Change NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 607, and a statement with an address, with all other like empowered. BRUCE STAFFERD SIGNATURE:



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

Document #
White Rain Sales Company

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

CEO

3901 Coconut Palm Drive, Suite 100, Tampa, FL 33619

**Bruce Travis** 

President

3901 Coconut Palm Drive, Suite 100, Tampa, FL 33619

Gary Raymond

**EVP** 

3901 Coconut Palm Drive, Suite 100, Tampa, FL 33619

**Bert Martin** 

S/T

3901 Coconut Palm Drive, Suite 100, Tampa, FL 33619

Bruce Stafford

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

Sincerely,

Julie Rogers

Staff Accountant