

**2021 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000078169**

1. Entity Name

**THE WHITE RAIN COMPANY** ✓

Principal Place of Business

Mailing Address

3901 COCONUT PALM DRIVE  
SUITE 100  
TAMPA FL 336193901 COCONUT PALM DRIVE  
SUITE 100  
TAMPA FL 33619

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3682360

Applied For

Not Applicable

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

HENDEE, BRETT ESQ.  
100 S. ASHELY DRIVE  
SUITE 1770  
TAMPA FL 33602

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, 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 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
GARY RAYMONA ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVP  
BERT MARTIN ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SIT  
BRUCE STAFFORD ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE STAFFORD

Date

2/17/01

Daytime Phone #

813-622-8885

CR2E034 (10/00)

Attachment Doc # PO00000078169  
31546



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 # [REDACTED]  
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