

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90227 001 ***600.00

DOCUMENT # P00000078169

1. Entity Name
THE WHITE RAIN 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

3820 Williams Road

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1777

Suite, Apt. #, etc.

City & State
Brandon FL

City & State
Mango FL

4. FEI Number
59-3682360

Applied For
Not Applicable

Zip
33510

Country
USA

Zip
33550

Country
USA

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

6. Name and Address of Current Registered Agent

HENDEE, BRETT ESQ.
100 S. ASHELY 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 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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
TRAVIS, BRUCE ☐ Delete
3901 COCONUT PALM DR
TAMPA FL 33619

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P ☒ Delete
RAYMOND, GARY
3901 COCONUT PALM DR
TAMPA FL 33613

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVP ☐ Delete
MARTIN, BERT
3901 COCONUT PALM DR
TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST ☐ Delete
STAFFORD, BRUCE
3901 COCONUT PALM DR
TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
S.T. VP

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

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:

REQUIRED
STAFFORD

4/16/02

813-622-8895

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)