## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Apr 12, 2001 8:00 am Secretary of State DOCUMENT # **P93000028249** 1. Entity Name RAINEY INVESTMENT PROPERTIES, INC. 04-12-2001 90179 045 \*\*\*150.00 Principal Place of Business Mailing Address 631 E. CALL ST. STE, 110 631 E. CALL ST. STE. 110 TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 **UUUUSTUB** นร US 2 Principal Place of Business Mailing Address O. Box 648 Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3186839 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namerainey. Dennett i Street Address (P.O. Box Number is Not Acceptable) 1828 W PENSACOLA ST - OFFICE TALLAHASSEE FL 32304 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 FILE NOW!!! FEE IS (\$150.00) 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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. CR2E034 (10/00) ☐ Delete TITLE TITLE NAME NAME RAINEY, DENNETT I 631 € CALL ST SUITE 110 STREET ADDRESS STREET ADDRESS 3143 BROCKTON WAY CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NÂME STREET ADDRESS 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition 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 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