

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000027108

1. Entity Name

ROBERT RAINES JR., P.A.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90487 046 ***150.00

Principal Place of Business

1413 TROVILLION AVENUE
 WINTER PARK FL 32789
 US

Mailing Address

1413 TROVILLION AVENUE
 WINTER PARK FL 32789-2909
 US

2. Principal Place of Business

2309 Chantilly Ave

Suite, Apt. #, etc.

3. Mailing Address

2309 Chantilly Ave

Suite, Apt. #, etc.

City & State

Winter Park FL

City & State

Winter Park, FL

4. FEI Number

59-3234700

Applied For

Not Applicable

Zip

32789

Country

Zip

32789

Country

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

RAINES, ROBERT JR
 9817 BALMORAL CIR
 ORLANDO FL 32817

Name

Robert Raines Jr

Street Address (P.O. Box Number is Not Acceptable)

2309 Chantilly Ave

City

Winter Park, FL

FL

Zip Code
 32789

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]

2/21/00

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, 2000 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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PSTD
 RAINES, ROBERT JR
 9817 BALMORAL CIR
 ORLANDO FL 32817

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 V
 RAINES, ROBERT
 9817 BALMORAL CIRCLE
 ORLANDO FL 32817

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 V
 RAINES, DAWN
 9817 BALMORAL CIRCLE
 ORLANDO FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/00

Date

407-647-0020

Daytime Phone #

CR2E034 (9/99)