

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

0064114

**DOCUMENT # P94000032895**

1. Entity Name:

**RAINIER PROPERTIES, INC.**

05-29-2001 90006 017 \*\*\*550.00

Principal Place of Business

Mailing Address

~~510 S PINDALL PKWY~~  
~~STE 203~~  
~~PANAMA CITY FL 32404~~  
~~US~~

P O BOX 35217  
 PANAMA CITY FL 32412-217  
 US

2. Principal Place of Business

3. Mailing Address

**909 Brandis Ave**

Suite, Apt. #, etc.

City & State

City & State

**Panama City FL**

Zip

Country

**FL 32405**

**US**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3239045**

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

**THOMPSON, BONNI P**  
**8204 GRAND PALM BLVD.**  
**PANAMA CITY BEACH FL 32408**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**4421 Thomas DR, Suite 802**  
**Panama City Beach FL 32408**

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.

(NOT)

Registered Agent signature required when resigning.

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW**  
**After MAY 1, 2001**  
**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 **D** ☐ Delete  
 NAME **JOLIVETTE, STEVEN L**  
 STREET ADDRESS **8204 GRAND PALM BLVD.**  
 CITY-ST-ZIP **PANAMA CITY BEACH FL 32408**

TITLE ☒ Change ☐ Addition  
 NAME **4421 Thomas DR, Suite 802**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **THOMPSON, BONNI P**  
 STREET ADDRESS **8204 GRAND PALM BLVD.**  
 CITY-ST-ZIP **PANAMA CITY BEACH FL 32408**

TITLE ☒ Change ☐ Addition  
 NAME **4421 Thomas DR, Suite 802**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP** ☐ Delete  
 NAME **VARNES, KENNETH J**  
 STREET ADDRESS **909 BRANDIS AVE**  
 CITY-ST-ZIP **PANAMA CITY FL 32405**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)