

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000069132

1. Entity Name

RAINEY INSURANCE CONSULTANTS, INC.

FILED

Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90095 030 ***150.00

Principal Place of Business

Mailing Address

12734 KENWOOD LN STE 93
FT. MYERS FL 33907

12734 KENWOOD LN STE 93
FT. MYERS FL 33907-5638

000041



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9650 VILLAGE VIEW #201
Suite, Apt. #, etc.
#201

3. Mailing Address

9650 VILLAGE VIEW #201
Suite, Apt. #, etc.
#201

City & State

BONITA SPRINGS, FL

City & State

BONITA SPRINGS, FL

4. FEI Number

65-0519077

Applied For

Not Applicable

Zip

34135

Country

USA

Zip

34135

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAINEY, FRANK C
17354 BIRCHWOOD LANE
FT. MYERS FL 33908

7. Name and Address of New Registered Agent

Name: FRANK C RAINEY
Street Address (P.O. Box Number is Not Acceptable):
9650 VILLAGE VIEW
#201
City: BONITA SPRINGS FL Zip Code: 34135

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

1-11-00

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

TITLE: DPT
NAME: RAINEY, FRANK C
STREET ADDRESS: 17354 BIRCHWOOD LANE
CITY-ST-ZIP: FT. MYERS FL 33908 ☐ Delete

TITLE: DVS
NAME: RAINEY, BARBARA W
STREET ADDRESS: 17354 BIRCHWOOD LANE
CITY-ST-ZIP: FT. MYERS FL 33908 ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

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: DPT
NAME: RAINEY, FRANK C
STREET ADDRESS: 9650 VILLAGE VIEW #201
CITY-ST-ZIP: BONITA SPRINGS FL 34135 ☒ Change ☐ Addition

TITLE: DVS
NAME: RAINEY, BARBARA W
STREET ADDRESS: 9650 VILLAGE VIEW #201
CITY-ST-ZIP: BONITA SPRINGS FL 34135 ☒ Change ☐ Addition

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

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

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

TITLE:
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)(l), 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 #

1-11-00

941-910-1120

CR2E034 (9/99)