

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State
 03-14-2000 90021 002 ***150.00

DOCUMENT # P94000088198

1. Entity Name
RAINES-LIEBOLD CONSTRUCTION, INC.

Principal Place of Business 115-A OLD DAYTONA RD. DELAND FL 32724	Mailing Address 115-A OLD DAYTONA RD. DELAND FL 32724-1911
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2. Principal Place of Business 227 Gary Avenue Suite, Apt. #, etc.	3. Mailing Address 227 Gary Avenue Suite, Apt. #, etc.
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City & State Oak Hill, FL	City & State Oak Hill, FL
Zip 32759	Zip 32759
Country USA	Country USA

6. Name and Address of Current Registered Agent
LIEBOLD, FREDERICK L
115-A OLD DAYTONA RD.
DELAND FL 32724

4. FEI Number **59-3286411**
 Applied For ☐ Not Applicable ☐

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

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 *Fred Liebold* (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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LIEBOLD, FREDERICK L		NAME		
STREET ADDRESS	227 GARY AVE		STREET ADDRESS		
CITY-ST-ZIP	OAK HILL FL 32759		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LIEBOLD, FRED L		NAME		
STREET ADDRESS	227 GARY AVENUE		STREET ADDRESS		
CITY-ST-ZIP	OAK HILL FL 32759		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LIEBOLD, POLLY		NAME		
STREET ADDRESS	227 GARY AVE		STREET ADDRESS		
CITY-ST-ZIP	OAK HILL FL 32759		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LIEBOLD, POLLY		NAME		
STREET ADDRESS	227 GARY AVENUE		STREET ADDRESS		
CITY-ST-ZIP	OAK HILL FL 32759		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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.

SIGNATURE *Fred Liebold* **FRED LIEBOLD** 3/8/00 904.345.0220
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)