

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/1

**FILED**  
**Jun 27, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90362 001 \*\*\*900.00

**DOCUMENT # P95000056466**

1. Entity Name

**SUNDANCE RAIN TREE, INC.**

R

Principal Place of Business

Mailing Address

**421 S ATLANTIC AVE  
 NEW SMYRNA BEACH FL 32169**

**817 STATE HWY A1A  
 N. SYMRNA BEACH FL 32169**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3640822

**APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, MILTON  
 817 STATE HWY A1A  
 N. SMYRNA BEACH FL 32169**

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	POLASKY, JOHN	1301 W. LONG LAKE RD. #108	TROY MI 48098	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP	MITCHELL, ROBERT	315 FLAGLER AVE	N. SMYRNA BEACH FL 32169	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	RADUEGE, RICHARD	100 BUNNELL #1A	ANCHORAGE AL 99508	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	JOHNSON, MILTON	817 STATE HWY A1A	N. SMYRNA BEACH FL 32169	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

*Milton Johnson*  
 MILTON JOHNSON

4-25-00

Date

904-426-7935

Daytime Phone #

CR2E034 (9/99)