## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **P96000055355** Jan 14, 2000 8:00 am 1. Entity Name **Secretary of State** RAINTREE VENDING, INC. 01-14-2000 90003 007 \*\*\*150.00 Principal Place of Business Mailing Address 1605 WHITE CLOUD COURT 1605 WHITE CLOUD COURT WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708-5507 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3392028 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VERNAU, J.R. Street Address (P.O. Box Number is Not Acceptable) 1605 WHITE CLOUD COURT WINTER SPRINGS FL 32708 Zip Code FL 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete Change ☐ Addition TITLE TITLE VERNAU, J.R. NAME NAME STREET ADDRESS STREET ADDRESS 1605 WHITE CLOUD COURT CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL 32708 TITLE Change ☐ Addition ☐ Delete TITLE VERNAU, DEBORAH E NAME NAME STREET ADDRESS STREET ADDRESS 1605 WHITE CLOUD COURT CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL 32708 Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERNAU. 1-8-00

(491)-365-8815

Daytime Phone #