

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S03195

1. Entity Name

RAINES 5123, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90020 039 ***150.00

Principal Place of Business

5123 E. BROADWAY AVE.
TAMPA FL 33619
US

Mailing Address

7350 SO. TAMiami TRAIL
#226
SARASOTA FL 34231-7000
US

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 **59-3030165**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, DANIEL E
C/O RAWES MOBILE HOME PARK
5123 E. BROADWAY AVE
TAMPA FL 33619

7. Name and Address of New Registered Agent

Name

DANIEL E. ROBINSON

Street Address (P.O. Box Number is Not Acceptable)

7148 RUE DE PALISADES

City

SARASOTA

FL

Zip Code

34938

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 **DANIEL E. ROBINSON**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-00

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:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input type="checkbox"/> Delete
NAME	ROBINSON, DANIEL E	
STREET ADDRESS	7350 SO. TAMiami TRAIL, #226	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROBINSON, JOANNE	
STREET ADDRESS	7350 SO. TAMiami TRAIL, #226	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

DANIEL E. ROBINSON

Date

Daytime Phone #

4-25-00 941 941-7853

CR2E034 (9/99)