

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

0043348

04-22-2002 90234 013 \*\*\*\*50.00

**DOCUMENT # L96000000538**

1. Entity Name

**RAINBOW SPRINGS VENTURES, L.C.**

Principal Place of Business

**C/O CHASE ENTERPRISES. ATTN: J. KORZENIK  
 280 TRUMBULL STREET  
 HARTFORD CT 06103**

Mailing Address

**C/O CHASE ENTERPRISES. ATTN: J. KORZENIK  
 280 TRUMBULL STREET  
 HARTFORD CT 06103**

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

**59-3384537**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KLEIN, H. RANDOLPH  
 333 NW THIRD AVE  
 OCALA FL 32670**

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

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
	<b>MGRM CHASE, ARNOLD L</b>		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>ONE COMMERCIAL PLAZA</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HARTFORD CT 06103</b>	CITY-ST-ZIP	
	<b>MGRM CHASE, CHERYL A</b>		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>ONE COMMERCIAL PLAZA</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HARTFORD CT 06103</b>	CITY-ST-ZIP	
	<b>MGRM CHASE, RHODA L</b>		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>96 HIGH RIDGE RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WEST HARTFORD CT 06117</b>	CITY-ST-ZIP	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** Cheryl A. Chase, Member

4/1/02 860/293-4315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)