

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005742

1. Entity Name

RAINBOWS FIRST ADDITION HOMEOWNERS ASSOCIATION,



**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

08-17-2000 90004 020 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O LARRY E. CIESLA, P.A. 204 W UNIVERSITY AVE SUITE 4 GAINESVILLE FL 32601	Mailing Address P.O BOX 4024 204 W UNIVERSITY AVE SUITE 4 GAINESVILLE FL 32613 US
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2. Principal Place of Business	3. Mailing Address P.O. Box 357904
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Gainesville, FL.	4. FEI Number 59-3354063	Applied For <input type="checkbox"/> Not Applicable
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Zip 32635-7904	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CIESLA, LARRY E  
 204 W UNIVERSITY AVE  
 SUITE 4  
 GAINESVILLE FL 32601

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25 After September 13, 2000 min. will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, JOSEPH A.	
STREET ADDRESS	5014 NW 24TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARTINEZ, BILL	
STREET ADDRESS	4808 NW 23 TERR	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	S	<input type="checkbox"/> Delete
NAME	SIMMONS, KAULEEN	
STREET ADDRESS	5030 NW 24TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	UPSHAW, SHIRLEY	
STREET ADDRESS	2440 NW 52 PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LEGRAND, HENRIETTE	
STREET ADDRESS	4724 NW 23 TERR	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GEMELLI, BARRY	
STREET ADDRESS	2426 NW 52 PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D-ALTERNATE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brewer, DAVID	
STREET ADDRESS	2418 NW 52ND PLACE	
CITY-ST-ZIP	GAINESVILLE, FL. 32605	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, BILL	
STREET ADDRESS	4808 NW 23 TERR	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	D-	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOULTE, Jerry	
STREET ADDRESS	4710 NW 23rd Terr	
CITY-ST-ZIP	GAINESVILLE, FL. 32605	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIM SOOTS	
STREET ADDRESS	2445 NW 52ND PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANNY, MYRNA	
STREET ADDRESS	5006 NW 24TH TERR	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELL, WALTER	
STREET ADDRESS	5105 NW 23RD DRIVE	
CITY-ST-ZIP	GAINESVILLE, FL 32605	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH A. THOMAS, DIRECTOR 08/07/00 352-378-4039  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)

Attachment

1095000005789  
0079581

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

CHANGE  ADDITION

TITLE D - ALTERNATE

NAME JANNY, CLIFF

STREET ADDRESS 5006 NW 24th TER

CITY-ST-ZIP GAINESVILLE, FL 32605