

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 709608**

1. Entity Name

**RAINBOW LAKES HOSPITAL ASSOCIATION, INC.****FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90027 014 \*\*\*\*61.25

0078023

Principal Place of Business

**2085 SW IVY PL  
DUNNELLON FL 34431  
US**

Mailing Address

**P.O. BOX 320007  
DUNNELLON FL 34431  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-2156790**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CALVERLEY, THOMAS  
20176 SW AUDUBON AVE  
DUNNELLON FL 34431**

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

*Thomas Calverley*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CALVERLY, THOMAS</b>	
STREET ADDRESS	<b>20176 SW AUDUBON AVE</b>	
CITY-ST-ZIP	<b>DUNNELLON FL 34431</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>RHODES, DONNER</b>	
STREET ADDRESS	<b>31439 SW PLANTATION</b>	
CITY-ST-ZIP	<b>DUNNELLON FL 34431</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>MC, GLOIN</b>	
STREET ADDRESS	<b>1585 SW SEAWOOD</b>	
CITY-ST-ZIP	<b>DUNNELLON FL 34431</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MALLOY, WINNIE</b>	
STREET ADDRESS	<b>3429 SW POMPANO</b>	
CITY-ST-ZIP	<b>DUNNELLON FL 34431</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>ANTAL, KRISTINE</b>	
STREET ADDRESS	<b>3705 IDLEWILD</b>	
CITY-ST-ZIP	<b>DUNNELLON FL 34431</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LYCHAKO, WALTER</b>	
STREET ADDRESS	<b>21428 SW RAIN TREE</b>	
CITY-ST-ZIP	<b>DUNNELLON FL 34431</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Thomas Calverley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-2001

Date

(352) 489-8360

Daytime Phone #

CR2E037 (10/00)