

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A17293

1. Entity Name

RAINBOW SPRINGS, LIMITED

FILED

01 APR 20 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
RAINBOW SPRINGS, LIMITED
c/o CHASE ENTERPRISES
ATTN: JOSEPH KORZENIK
ONE COMMERCIAL PLAZA
HARTFORD CT 06103

Mailing Address
c/o CHASE ENTERPRISES
ATTN: JOSEPH KORZENIK
ONE COMMERCIAL PLAZA
HARTFORD, CT 06103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1594007

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLEIN, RANDOLPH ESQ.
333 N.W. 3RD AVE.
OCALA, FL 34475

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

9. Capital Contributions

as Shown on record.

\$80,000.00

10. Amount of Capital Contributions

in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE

SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # F94000006413
NAME CHASE VENTURES, INC.
STREET ADDRESS c/o CHASE ENTERPRISES, 1 COMMERCIAL
CITY-ST-ZIP HARTFORD, CT 06103 PLAZA

STREET ADDRESS
CITY-ST-ZIP 500004137265--2

DOCUMENT # A93000000124
NAME CVI ASSOCIATES L.P.
STREET ADDRESS c/o CHASE ENTERPRISES, 1 COMMERCIAL
CITY-ST-ZIP HARTFORD, CT 06103 PLAZA

STREET ADDRESS
CITY-ST-ZIP -05/04/01--01098--016
****526.25 ****526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

CHASE VENTURES, INC., General Partner

SIGNATURE:

By: Cheryll A. Chase, President 4/3/01 860/293-4315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)