

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90151 008 ***550.00

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1. Entity Name

ESCAPEES RAINBOW PARKS UNLIMITED, INC.



Principal Place of Business

**100 RAINBOW DR.
LIVINGSTON TX 77351**

Mailing Address

**100 RAINBOW DR.
LIVINGSTON TX 77351**

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 **76-0671185**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TERRY T. NEAL PA
605 WEST MAGNOLIA ST.
LEESBURG FL 34749**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PCD	CARR, ROBERT W	RT-10, BOX 8170	LIVINGSTON TX				
SD	CARR, CATHIE M	RT-10, BOX 8170	LIVINGSTON TX				
VD	PETERSON, JOSEPH H	100 RAINBOW DR.	LIVINGSTON TX				
TD	PETERSON, KAY M	100 RAINBOW DR.	LIVINGSTON TX				
D	JAMES, SCOTT	100 RAINBOW DR	LIVINGSTON TX 77351				
D	PENELOPE, SCOTT	100 RAINBOW DR	LIVINGSTON TX 77351				

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 607, 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:

James **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 22, 2003

Date

Daytime Phone #

CR2E034 (4/03)