

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90012 043 \*\*\*\*50.00

**DOCUMENT # L00000000268**

1. Entity Name

**RAINBOW MARINA, LLC**



Principal Place of Business

12540 CR 561  
CLERMONT FL 34711

Mailing Address

1982 SR 44  
SUITE 44  
NEW SMYRNA BEACH FL 32168

2. Principal Place of Business

**2600 W. LAKE ELOISE DRIVE**

Suite, Apt. #, etc.

**WINTER HAVEN FL**

City & State

**WINTER HAVEN FL**

Zip  
**33884**

Country

**POLK**

3. Mailing Address

**2600 W. LAKE ELOISE DRIVE**

Suite, Apt. #, etc.

City & State

**WINTER HAVEN FL**

Zip  
**33884**

Country

**POLK**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3627393**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**THOMPSON, RICK**  
**12540 CR 561**  
**CLERMONT FL 34711**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete  
NAME **THOMPSON, RICK**  
STREET ADDRESS **12540 CR 561**  
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **MGR** ☐ Delete  
NAME **HANCOCK, BRUCE**  
STREET ADDRESS **12540 CR 561**  
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

**BRUCE HANCOCK**

**3-31-03**

**863-318-9300**

CR2E083 (10/02)