

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95343

1. Entity Name

AN EDUCATIONAL RAINBOW, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90180 009 \*\*\*150.00

Principal Place of Business

Mailing Address

3912 BRITTON PLAZA  
TAMPA FL 33611

3912 BRITTON PLAZA  
TAMPA FL 33611-1408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3026698

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

MACINTOSH, ELOISE  
3510 BALLAST POINT BLVD  
TAMPA FL 33611

Name

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

4141 Bayshore Blvd APT 601

City TAMPA

FL

Zip Code

33611-1804

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. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MACINTOSH, ELOISE  
CITY-ST-ZIP 3510 BALLAST POINT BLVD  
TAMPA FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4141 Bayshore Blvd. APT 601  
CITY-ST-ZIP TAMPA, FL 33611-1804

TITLE ☐ Delete  
NAME PTS  
STREET ADDRESS MACINTOSH, ELOISE  
CITY-ST-ZIP 3510 BALLAST POINT BLVD  
TAMPA FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4141 Bayshore Blvd. APT 601  
CITY-ST-ZIP TAMPA, FL 33611-1804

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eloise M. MacIntosh  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-00

Date

813-835-0499

Daytime Phone #

CR2E034 (9/99)