

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000024

1. Entity Name  
RAINBOW RUN, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -3 AM 11:05

Principal Place of Business  
19190 TOLEDO BLADE BLVD.  
P.O. BOX 380776  
MURDOCK FL 33938

Mailing Address  
19190 TOLEDO BLADE BLVD.  
P.O. BOX 380776  
MURDOCK FL 33938-0776



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number 65-6233692  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

SCHABOTZ, ALAN  
3533 ROXANE BLVD.  
SARASOTA FL 34235

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

## 9. MANAGING MEMBERS / MEMBERS

TITLE NAME  
MGR MURPHY, BRUCE  
STREET ADDRESS 2440 AUBURN BLVD.  
CITY- ST- ZIP PORT CHARLOTTE FL 33948

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

## 10. ADDITIONS / CHANGES

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME  
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TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE 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: B. Murphy 01-13-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

941-627-3204

CP2E083 (9/99)