

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90050 019 ****61.25

DOCUMENT # N20147

1. Entity Name

RAINBOW MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

37910 EGG SHELL DR
 ZEPHYRHILLS FL 33541-7671
 US

37910 EGG SHELL DR
 ZEPHYRHILLS FL 33541-7671
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

MCLAUGHLIN, JAMES
37910 EGG SHELL DR
ZEPHYRHILLS FL 33541-7671

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MCDONALD, PAT	
STREET ADDRESS	7023 MINT ST	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALLEAR, PHYLLIS	
STREET ADDRESS	7031 CAMEL DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MCCLAUGHLIN, JAMES	
STREET ADDRESS	37910 EGG SHELL DR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541-7671	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OKREPKE, DORIS	
STREET ADDRESS	7015 MINT STREET	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LYTTLE, KEITH	
STREET ADDRESS	37910 EGG SHELL DR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541-7671	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, EDWARD	
STREET ADDRESS	37906 EGG SHELL DR.	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGLISH, MAUREEN	
STREET ADDRESS	7007 CAMEL DR.	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, PATRICIA	
STREET ADDRESS	7023 MINT ST.	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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 H. MCLAUGHLIN **2/23/2000** **813-783-1214**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)