

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90350 002 ****61.25

DOCUMENT # N20147

1. Entity Name

RAINBOW MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

37910 EGG SHELL DR
 ZEPHYRHILLS FL 33541-7671
 US

Mailing Address

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 NAME	P	<input type="checkbox"/> Delete
STREET ADDRESS	ROBERTS, EDWARD	
CITY-ST-ZIP	37906 EGG SHELL DR	
	ZEPHYRHILLS FL 33541	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	CALLEAR, PHYLLIS	
CITY-ST-ZIP	7031 CAMEL DRIVE	
	ZEPHYRHILLS FL	
TITLE NAME	ST	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	MCCLAUGHLIN, JAMES	
CITY-ST-ZIP	37910 EGG SHELL DR	
	ZEPHYRHILLS FL 33541-7671	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	ENGLISH, MAUREEN	
CITY-ST-ZIP	7007 CAMEL DR	
	ZEPHYRHILLS FL 33541	
TITLE NAME	VD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	MCDONALD, PARTICIA	
CITY-ST-ZIP	7023 MINT ST	
	ZEPHYRHILLS FL 33541	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	MCLAUGHLIN	
CITY-ST-ZIP	37910 EGG SHELL DR	
	ZEPHYRHILLS, FL 33541-7671	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	RICHARD JOHNSON	
CITY-ST-ZIP	37915 CORNFLOWER AVE	
	ZEPHYRHILLS, FL 33541	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 MCLAUGHLIN 03/02/01 813-783-1214
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)