

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90086 007 \*\*\*\*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

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

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**  Delete  
 NAME **ROBERTS, EDWARD**  
 STREET ADDRESS **37906 EGG SHELL DR**  
 CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **CALLEAR, PHYLLIS**  
 STREET ADDRESS **7031 CAMEL DRIVE**  
 CITY-ST-ZIP **ZEPHYRHILLS FL**

TITLE **D**  Change  Addition  
 NAME **ALDEN RATHBUN**  
 STREET ADDRESS **1026 MAROON ST**  
 CITY-ST-ZIP **ZEPHYRHILLS, FL 33541**

TITLE **STD**  Delete  
 NAME **MCLAUGHLIN, JAMES**  
 STREET ADDRESS **37910 EGG SHELL DR**  
 CITY-ST-ZIP **ZEPHYRHILLS FL 33541-7671**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **ENGLISH, MAUREEN**  
 STREET ADDRESS **7007 CAMEL DR**  
 CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **JOHNSON, RICHARD**  
 STREET ADDRESS **37915 CORNFLOWER AVE**  
 CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

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

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: SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/02/02 813-783-1214  
 Date Daytime Phone #

CR2E037 (9/01)