

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003274
 1. Entity Name
RAINBOWS END HOMEOWNERS ASSOCIATION, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

03-09-2000 90113 014 ****61.25

Principal Place of Business 4421 N.W. 39TH AVE SUITE 1-2 GAINESVILLE FL 32606 US	Mailing Address 4421 N.W. 39TH AVE SUITE 1-2 GAINESVILLE FL 32606-7211 US
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3281160	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JOHNSON, CARL E
4421 N.W. 39TH AVENUE
SUITE 1-2
GAINESVILLE FL 32606

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 _____
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GESSINESS, JOE 4530 N.W. 21ST DRIVE GAINESVILLE FL 32605 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHANEY, EDWARD 4602 N.W. 21ST DRIVE GAINESVILLE FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DESPOINTES, CLOTILDE H <input checked="" type="checkbox"/> Delete 4624 N.W. 21ST TERRACE GAINESVILLE FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEWIS, LISA <input type="checkbox"/> Delete 4514 N.W. 21ST STREET GAINESVILLE FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joe Gessiness* **SIGNATURE REQUIRED Joe Gessiness 3-7-00** 352-377-7444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)