

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90157 001 *****61.25

DOCUMENT # N96000005011

1. Entity Name

OVER THE RAINBOW FOUNDATION, INC.

Principal Place of Business

Mailing Address

**727 KIRKMAN ROAD
 ORLANDO FL 32811**

**727 KIRKMAN ROAD
 ORLANDO FL 32811**

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

59-3408197

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CIOLA, GREGORY
 731 KIRKMAN RD
 ORLANDO FL 32811**

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **KARLEN, JACQUELINE**
 CITY-ST-ZIP **750 ROYAL CREST CIRCLE
 LAS VEGAS NV 89109**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Bernard Karlen**
 CITY-ST-ZIP **750 Royal Crest Circle
 Las Vegas NV 89109**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BRISBOIS, AMY**
 CITY-ST-ZIP **371 GUFFIE RD
 FRANKLIN NC 28734**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Stephen Brisbois**
 CITY-ST-ZIP **371 Guffie Rd. Franklin NC 28734**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CIOLA, GREGORY**
 CITY-ST-ZIP **731 KIRKMAN RD
 ORLANDO FL 32811**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Dane A. Pontzius**
 CITY-ST-ZIP **1550 Providence Circle Orlando FL 32818**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PONTZIUS, LEAH**
 CITY-ST-ZIP **1550 PROVIDENCE CIRCLE
 ORLANDO FL 32818**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Clark McClelland**
 CITY-ST-ZIP **P.O. Box 690662, Orlando, FL 32869**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **GUERRERO, ALVARO**
 CITY-ST-ZIP **PO BOX 99
 SAN PEDRO TOWN BELIZE CA**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Gerald Bourne**
 CITY-ST-ZIP **221 W. Lone Creek Cove, Longwood FL 32750**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **GUERRERO, KRISTA**
 CITY-ST-ZIP **PO BOX 99
 SAN PEDRO TOWN BELIZE CA**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Wayne Anderson**
 CITY-ST-ZIP **P.O. Box 99, San Pedro Town, Belize CA**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GREGORY CIOLA 1-18-02 800-274-9260

CR2E037 (9/01)