

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004446

1. Entity Name

RAINBOW TRAVEL CLUB, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90114 024 ****61.25

Principal Place of Business

Mailing Address

1517 1/2 SOUTH DALE MABRY
TAMPA FL 33629

1517 1/2 SOUTH DALE MABRY
TAMPA FL 33629-5808

2. Principal Place of Business

3. Mailing Address

3021 West Azeele St.

3021 West Azeele St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33609

Country

USA

Zip

33609

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number ~~543124785~~
APPLIED FOR

☒ 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

~~GARCIGA, SANTIAGO~~
~~1517 1/2 SOUTH DALE MABRY~~
~~TAMPA FL 33629~~

Name GARCIGA, SANTIAGO J.

Street Address (P.O. Box Number is Not Acceptable)

88 45th AVE

City St Pete Beach FL Zip Code 33706

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 *Santiago J. Garciga*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/8/2000

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 PD ☐ Delete
NAME GARCIGA, SANTIAGO
STREET ADDRESS 1517 1/2 SOUTH DALE MABRY
CITY-ST-ZIP TAMPA FL 33629

TITLE ☒ Change ☐ Addition
NAME GARCIGA, SANTIAGO J.
STREET ADDRESS 88 45th AVE
CITY-ST-ZIP St. Pete Beach, FL 33706

TITLE VPD ☐ Delete
NAME MURDOCK, GUY
STREET ADDRESS 1517 1/2 SOUTH DALE MABRY
CITY-ST-ZIP TAMPA FL 33629

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 88 45th AVE
CITY-ST-ZIP St. Pete Beach, FL 33706

TITLE SD ☐ Delete
NAME ~~GARCIGA, MARIA~~
STREET ADDRESS 4111 FIG STREET
CITY-ST-ZIP TAMPA FL 33609

TITLE ☒ Change ☐ Addition
NAME GARCIGA, MARIA N.
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME ~~GARCIGA, SANTIAGO~~
STREET ADDRESS 4111 FIG STREET
CITY-ST-ZIP TAMPA FL 33609

TITLE ☒ Change ☐ Addition
NAME GARCIGA, SANTIAGO
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 line empowered.

SIGNATURE: *Santiago J. Garciga*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres. 4/8/2000 813 2586776
Date Daytime Phone #

CR2E037 (9/99)