## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N98000004446

Entity Name: RAINBOW TRAVEL CLUB, INC.

Jan 27, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3021 WEST AZEELE ST TAMPA, FL 33609

Current Mailing Address: New Mailing Address:

3021 WEST AZEELE ST TAMPA, FL 33609 3021 WEST AZEELE ST TAMPA, FL 33609 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GARCIGA, SANTIAGO GARCIGA, SANTIAGO J 88 45TH AVENUE 88 45TH AVENUE

SAINT PETERSBURG, FL 33706 ST PETE BEACH, FL 33706 US

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 01/27/2002

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 GARCIGA, SANTIAGO
 Name:
 GARCIGA, SANTIAGO

 Address:
 88 45TH AVE
 Address:
 88 45TH AVE

City-St-Zip: SAINT PETERSBURG, FL 33706 City-St-Zip: ST PETE BEACH, FL 33706 US

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition

 Name:
 MURDOCK, GUY
 Name:
 MURDOCK, GUY

 Address:
 88 45TH AVE
 Address:
 88 45TH AVE

City-St-Zip: SAINT PETERSBURG, FL 33706 City-St-Zip: ST PETE BEACH, FL 33706 US

Title: SD () Delete Title: SD (X) Change () Addition Name: GARCIGA, MARIA N Name: GARCIGA, MARIA N

 Name:
 GARCIGA, WARIA N

 Address:
 4111 FIG STREET

 City-St-Zip:
 TAMPA, FL 33609

 City-St-Zip:
 TAMPA, FL 33609 US

Title: TD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 GARCIGA, SANTIAGO
 Name:

 Address:
 4111 FIG STREET
 Address:

 City-St-Zip:
 TAMPA, FL 33609
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANTIAGO J. GARCIGA PD 01/27/2002