

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04449

1. Entity Name

RAINBOW TRAVEL TOURS, INC.

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90018 047 ***550.00

Principal Place of Business

9846 STRINGFELLOW RD
 ST. JAMES CITY FL 33956

Mailing Address

9846 STRINGFELLOW RD
 ST. JAMES CITY FL 33956

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

59-2454301

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

MILLER, ROBERT F
 9706 STRINGFELLOW ROAD, A-3
 ST. JAMES CITY FL 33956

Name

Teresa A. Lioce

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

5400 Pelican Blvd.

City

Cape Coral

FL

Zip Code
 33914

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 *Teresa A. Lioce*

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

(NOTE: Registered Agent signature required when reinstating)

9/7/00
 DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☒ Delete
 NAME MILLER, ROBERT F
 STREET ADDRESS 2525 E. 1ST ST, #219
 CITY-ST-ZIP FT MYERS FL 33901

TITLE PTD ☒ Change ☐ Addition
 NAME Teresa A. Lioce
 STREET ADDRESS 5400 Pelican Blvd.
 CITY-ST-ZIP Cape Coral, FL 33914

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Teresa A. Lioce*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/00
 Date

941-283-2114
 Daytime Phone #

CR2E034 (5/00)