

2000 UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # **P96000036120**

1. Entry Name
Rainbow Ice Cream Parlor, Inc.

Principal Place of Business Mailing Address
15201 N. Cleveland Ave. 15201 N. Cleveland Ave.
Unit 925 Unit #925
N. Fort Myers, FL 33903 N. Fort Myers, FL 33903

2. Principal Place of Business 3. Mailing Address
S/A S/A

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

FILED
00 DEC -5 AM 10:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE.

4. FEI Number **05-0663620** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
Winer, Steven I
12800 University Dr.
Suite 600
Ft. Myers, FL 33906

7. Name and Address of New Registered Agent
Name **Angela Genovese**
Street Address (P.O. Box Number is Not Acceptable)
1313 SE 23rd Terrace
City **Cape Coral** FL Zip Code **33904**

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 *Angela Genovese* DATE **10/30/2000**

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
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 President	NAME Lucy M Farr	TITLE President	NAME Maria E. Giustino
STREET ADDRESS 15201 N. Cleveland Ave #925	CITY-ST-ZIP N. Ft. Myers, FL 33903	STREET ADDRESS 1307 SE 44th Terrace	CITY-ST-ZIP Cape Coral, FL 33904
<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	NAME George A Farr	TITLE VP	NAME Lori Giustino
STREET ADDRESS 15201 N. Cleveland Ave #925	CITY-ST-ZIP N. Ft. Myers, FL 33903	STREET ADDRESS 1307 SE 44th Terrace	CITY-ST-ZIP Cape Coral, FL 33904
<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 an other like empowered.

SIGNATURE: *Maria E. Giustino* **President** DATE: **11/28/00** PHONE: **941-856-6554**

Maria E. Giustino President