

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000059670

1. Entity Name

RAINBOW'S END OF SARASOTA, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90082 031 \*\*\*150.00

Principal Place of Business

Mailing Address

1605 MAIN STREET STE 1001  
SARASOTA FL 34236

1605 MAIN STREET STE 1001  
SARASOTA FL 34236-5861

2. Principal Place of Business

3. Mailing Address

The Counted Stitch

The Counted Stitch

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2925 P. 3627-A Webber St

3627-A P. Webber St.

City & State

City & State

SARASOTA FL

SARASOTA FL

Zip

Country

Zip

Country

34232

USA

34232

USA

4. FEI Number

65-0680156

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

GOLDSMITH, STANLEY A  
1605 MAIN STREET STE 1001  
SARASOTA FL 34236

Name

Deborah Klinger

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

3627-A Webber St.

City

SARASOTA

FL

Zip Code

34232

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

*Deborah R. Klinger*

Deborah R. Klinger

President

4/15/00

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

(NOTE: Registered Agent signature required when reinstating)

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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	DPSA KLINGER, DEBORAH R. 3627-A WEBBER ST SARASOTA FL 34232	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPA EASTER, FAY J 3627-A WEBBER ST SARASOTA FL 34232	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 all other like empowered.

SIGNATURE:

*Deborah R. Klinger*

Deborah R. Klinger President

4/15/00 941-927-0383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)