

DOCUMENT # P98000001696

1. Entity Name

RAINBOW CHRISTIAN DAYCARE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -5 AM 10:23

Principal Place of Business

530 NE WALDO ROAD
GAINESVILLE FL 32609

Mailing Address

530 NE WALDO ROAD
GAINESVILLE FL 32609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3484081

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GREEN, TANISHA
530 NE WALDO ROAD
GAINESVILLE FL 32609

Name

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

City

FL

Zip Code

8. The above named entity enters this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature of officer or director of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/24/00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
0
GREEN, TANISHA R
530 NE WALDO RD
GAINESVILLE FL 32601 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

08-29-00 90032 027 \$150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE REQUIRED

8/24/00

Date

Daytime Phone #

CR2E034 (5/00)



Rainbow Christian Daycare

"Your Child's Home Away From Home"



TANISHA GREEN
Director

JOHN GREEN
Administrator

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

AUG 2, 2000

Subject: Request Waiver of Late Fee

Reference Number: P98000001696

Please accept this letter as my official request to have the late fee waived imposed on my annual report/uniform business report.

I submitted a check in the amount of \$150.00 on 8-24-00 (posted marked 8-24-00). I was told by my CPA that I had to have this report posted marked by 8-25-00 (which I did) with a \$150.00 fee enclosed with the report. I never received a statement prior to August requesting this fee.

In addition I am requesting this late fee be waived do to financial hardship. I can't afford a \$400.00 late fee. Had I received my report in a timely manner and not been given what appears to be incorrect information by my CPA I would not be facing this late fee.

Please waive this \$400.00 late fee, my business simply can't afford it. I will make sure any future reports be filed on time!


John Green