

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 500718

1. Entity Name

EM MANAGEMENT, INC.

Principal Place of Business

200 S. ORANGE AVE. SUITE 2800  
ORLANDO FL 32801

Mailing Address

200 S. ORANGE AVE. SUITE 2800  
ORLANDO FL 32789-3173

2. Principal Place of Business

359 Carolina Ave.

3. Mailing Address

359 Carolina Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip

32789

Country

USA

Zip

32789

Country

USA

4. FEI Number

59-1690429

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ARIKO, JOHN G JR  
200 S ORANGE AVE, #2800  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name  
Grant T. Downing  
Street Address (P.O. Box Number is Not Acceptable)  
Godbold, Downing, Sheahan & Bill, P.A.  
222 West Comstock Ave. Suite 101  
City Winter Park, FL Zip 32789

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

*Grant T. Downing* GRANT T. DOWNING VICE-PRES 2/1/00  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARIKO, JOHN, JR. 200 S ORANGE AVE #2800 ORLANDO FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUGGS, ELISE 200 S ORANGE AVE, #2800 ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PUGH, JAMES H. 359 CAROLINA AVE. WINTER PARK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACOBY, GREG 359 CAROLINA AVENUE WINTER PARK FL	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pugh, Jr., James H. 359 Carolina Ave. Winter Park, FL 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jacoby, Greg 359 Carolina Ave. Winter Park, FL 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Riva, Kyle 359 Carolina Ave. Winter Park, FL 32789	Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Morgan, Kathy 359 Carolina Ave. Winter Park, FL 32789	Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Relvini, Tricia 359 Carolina Ave. Winter Park, FL 32789	Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suggs, Elise 359 Carolina Ave. Winter Park, FL 32789	<input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-2000

Date

Daytime Phone #

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90091 035 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

1690429-035