

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P32638

1. Entity Name
LANDSTAR GEMINI, INC.

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90576 034 ***150.00

Principal Place of Business
13410 SUTTON PARK DR. S.
JACKSONVILLE FL 32224
US

Mailing Address
13410 SUTTON PARK DR. S.
ATTN: CORP TAX DEPT
JACKSONVILLE FL 32224
US

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 25-1481895

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

Zip Code

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

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, 2001 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
PD
HERTWIG, JAMES R.
13410 SUTTON PARK DR S
JACKSONVILLE FL 32224 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HARTTER, GARY W.
13410 SUTTON PARK DRIVE SOUTH
JACKSONVILLE, FL 32224 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
HARVEY, MICHAEL L.
13410 SUTTON PARK DR S.
JACKSONVILLE FL 32224 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
HARVEY, MICHAEL L.
13410 SUTTON PARK DR S.
JACKSONVILLE FL 32224 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
HANDOUSH, JAMES
13410 SUTTON PARK DR. S.
JACKSONVILLE FL 32224 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DE
CROWE, JEFFREY C.
13410 SUTTON PARK DRIVE SOUTH
JACKSONVILLE, FL 32224 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
GERKENS, HENRY H
13410 SUTTON PARK DR. S
JACKSONVILLE FL 32224 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/T/D
GERKENS, HENRY H.
13410 SUTTON PARK DRIVE SOUTH
JACKSONVILLE, FL 32224 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
LAROSE, ROBERT C
13410 SUTTON PARK DR. S.
JACKSONVILLE FL 32224 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/AS
LAROSE, ROBERT C.
13410 SUTTON PARK DRIVE SOUTH
JACKSONVILLE, FL 32224 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
NOURY, PHILIP G.
13410 SUTTON PARK DR S
JACKSONVILLE FL 32224 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
NOURY, PHILIP G.
13410 SUTTON PARK DR S
JACKSONVILLE, FL 32224 ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT C. LAROSE 02/08/2001 (904) 398-9400

Day/Time Phone #

CR2E034 (10/00)