

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P96000073619**

1. Entity Name  
**GEMELLI'S CATERING, INC.**

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90011 018 \*\*\*150.00

Principal Place of Business <b>2212 FLETCHERS POINT CIRCLE TAMPA FL 33613</b>	Mailing Address <b>2212 FLETCHERS POINT CIRCLE TAMPA FL 33614-1952</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>8849 CYPRESS HAMMOCK DR</b>	3. Mailing Address <b>8849 CYPRESS HAMMOCK DR.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>TAMPA FL</b>	City & State <b>TAMPA FL</b>
Zip <b>33614</b>	Country <b>USA</b>

4. FEI Number <b>59-3407991</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>SAMOSKY, WILLIAM P 2212 FLETCHERS POINT CIRCLE TAMPA FL 33613</b>	
7. Name and Address of New Registered Agent	
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PTD</b>	<input type="checkbox"/> Delete	TITLE <b>Change</b>	<input type="checkbox"/> Addition
NAME <b>SAMOSKY, WILLIAM P</b>		NAME	
STREET ADDRESS <del>2212 FLETCHERS POINT CIRCLE</del>		STREET ADDRESS <b>8849 CYPRESS HAMMOCK DR</b>	
CITY-ST-ZIP <del>TAMPA FL 33613</del>		CITY-ST-ZIP <b>TAMPA FL 33613</b>	
TITLE <b>VSD</b>	<input type="checkbox"/> Delete	TITLE <b>Change</b>	<input type="checkbox"/> Addition
NAME <b>PROVINZANO, ANN MARIE</b>		NAME	
STREET ADDRESS <del>2212 FLETCHERS POINT CIRCLE</del>		STREET ADDRESS <b>8849 CYPRESS HAMMOCK DR</b>	
CITY-ST-ZIP <del>TAMPA FL 33613</del>		CITY-ST-ZIP <b>TAMPA FL 33613</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: William P. Samosky **WILLIAM P. SAMOSKY** 1/5/2000 813-888-9330  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)