2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State
02-02-2000 90011 018 ***150.00

DOCUMENT # P96000073619

1. Entity Name

GEMELLI'S CATERING, INC.

Principal Place of Business	Mailing Address
2212 FLETCHERS POINT CIRCLE TAMPA FL 33613	2212 FLETCHERS POINT CIRCLE TAMPA FL 33614-1952

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8849 Cypress Hammock Dr.	8849 Cypress Hammock Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa FL	City & State: Tampa, FL
Zip: 33614 Country: USA	Zip: 33614 Country: USA

4. FEI Number 59-3407991 ☐ 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
SAMOSKY, WILLIAM P 2212 FLETCHERS POINT CIRCLE TAMPA FL 33613	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, 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	PTD SAMOSKY, WILLIAM P ~~2212 FLETCHERS POINT CIRCLE~~ ~~TAMPA FL 33613~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	8849 Cypress Hammock Dr Tampa FL 33613	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD PROVINZANO, ANN MARIE ~~2212 FLETCHERS POINT CIRCLE~~ ~~TAMPA FL 33613~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	8849 Cypress Hammock Dr Tampa, FL 33613	☒ Change ☐ Addition
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CR2E034 (9/99)

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 #