

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H12480

1. Entity Name

GEMINI VENTURE, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90925 025 ***150.00

Principal Place of Business

Mailing Address

4575 ST. JOHNS AVE.
SUITE #4
JACKSONVILLE FL 32210
US

4575 ST. JOHNS AVE.
SUITE #4
JACKSONVILLE FL 32210-1800
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

4204 Herschel Street
Suite 51

City & State

Jacksonville, FL 32210

Zip

Country

4. FEI Number

59-2434371

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

TAYLOR, JOHN C., JR.
10 S NEWMAN ST
JACKSONVILLE FL 32202

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
PRIDGEN, GARY L.
4300 LAKESIDE DR #13
JACKSONVILLE FL 32210

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

904/384-1204

Date

Daytime Phone #

CR2E034 (9/99)