

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H51277

1. Entity Name
GEMINI IV DEVELOPMENT CORPORATION



FILED

03 FEB -6 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
C/O KOEHLER & WEST, CHARTERED
409 WASHINGTON AVE. STE 805
TOWSON MD 21204

Mailing Address
C/O KOEHLER & WEST, CHARTERED
409 WASHINGTON AVE. STE 805
TOWSON MD 21204

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 59-2513788

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

BEAMAN, A. WAYNE
1673 NOTTINGHAM DR.
WINTER PARK FL 32792

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DP EAGLE, PERRY A. 21 HUDSON DRIVE YORK PA	<input type="checkbox"/>	100012857401 02/20/03--01008--022 **150.00	
DV BEAMAN, ARTHUR WAYNE 1673 NOTTINGHAM DRIVE WINTER PARK FL	<input type="checkbox"/>		
DS BRAMMER, RAE C/O BEAMAN M. 605 NORTH WYMORE RD WINTER PARK FL	<input type="checkbox"/>		
T WEST, BRIAN G. 409 WASHINGTON AVE 805 TOWSON MD	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

CR2E034 (10/02)

12. 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 10 or Block 11 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

Date

Daytime Phone #

1/3/03

460-823-6200