

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L82007

1. Entity Name  
**GEM SUBURBAN, INC.**

Principal Place of Business

**287 CLUB RIO  
EDGEWATER FL 32141**

Mailing Address

**287 CLUB RIO  
EDGEWATER FL 32141**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OSWALD, KENNETH F.  
600 COURTLAND STREET  
SUITE 110  
ORLANDO FL 32804**

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!**  
**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 **D** ☐ Delete  
NAME **OSWALD, KENNETH F**  
STREET ADDRESS **600 COURTLAND ST., S-110**  
CITY-ST-ZIP **ORLANDO FL**

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

TITLE **P** ☐ Delete  
NAME **WALLSCHLAEGER, MARK A**  
STREET ADDRESS **278 CLUBHOUSE BLVD**  
CITY-ST-ZIP **NEW SMYRNA BCH FL**

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

TITLE **ST** ☐ Delete  
NAME **WALLSCHLAEGER, MARGARET A**  
STREET ADDRESS **701 BELLA VISTA**  
CITY-ST-ZIP **EDGEWATER FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

13. I hereby certify that the information supplied with this filing does not qualify for an 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 the signature of the officer or director of the corporation or the receiver or trustee empowered to execute this report is 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: **Mark A. Wallischlaeger - Pres.**  
*Mark A. Wallischlaeger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-15-2001 904 428-1278**  
Date Daytime Phone #

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91194 020 \*\*\*558.75

**A0071481**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3019190**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional Fee Required**

CR2E034 (10/00)