

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 27 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # L96000000456

1. Entity Name  
GEMINI III, L.C.

Principal Place of Business  
1821 BUSINESS PARK BLVD.  
DAYTONA BEACH FL 32114

Mailing Address  
PO BOX 9213  
DAYTONA BEACH FL 32120-9213

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 59-3419165

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

MM

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAL, NIDRAH  
C/O AMERICAN NATIONAL ACCEPTANCE CORP.  
1821 BUSINESS PARK BLVD.  
DAYTONA BEACH FL 32114

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
DIAL, H. JAMES  
1821 BUSINESS PARK BLVD  
DAYTONA BEACH FL 32114 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
600003249806--9  
-05/12/00--01012--027  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
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DIAL, NIDRAH  
1821 BUSINESS PARK BLVD  
DAYTONA BEACH FL 32114 ☐ Delete

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Mrs. Nidrah Dial*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4-24-00 313-441-1611

Date

Daytime Phone #