

# 2001 UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT

**DOCUMENT # M99000000048**

1. Entity Name

**GEMINI VL, L.L.C.**

**FILED**

01 JAN 16 AM 4:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**2835 BERRY LANE  
GOLDEN CO 80401**

Mailing Address

**2835 BERRY LANE  
GOLDEN CO 80401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**84-1070581**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HURST, GARY  
1263 GOLDEN LAKE DRIVE  
FORT MYERS FL 33905**

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 ☐ Delete  
NAME **MGR JONES, RONALD STEPHEN**  
STREET ADDRESS **2835 BERRY LANE**  
CITY-ST-ZIP **GOLDEN CO 80401**

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

TITLE ☐ Delete  
NAME **MGR JONES, RONALD SCOTT**  
STREET ADDRESS **8772 WEST 26TH AVENUE**  
CITY-ST-ZIP **LAKEWOOD CO 80215**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**700003575607-4**  
**-01/26/01-01008-027**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**1/10/01 303-279-2222**

CR2E083 (11/00)