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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N13109

1. Corporation Name  
**ORANGE BLOSSOM OPEN, INC.**

Principal Place of Business: 2176 A CORINNE CT. S. ST. PETERSBURG FL 33712 US  
 Mailing Address: ORANGE BLOSSOM CLASSIC P. O. BOX 238 ST. PETERSBURG FL 33731 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/22/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1298276	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ERMATINGER, BILL 2176 A CORINNE CT. SO. ST PETERBURG FL 33712				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTI, NICHOLAS J.	1.2 NAME	
STREET ADDRESS	4801 58TH AVE NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULRICH, RICHARD G.	2.2 NAME	
STREET ADDRESS	140-15TH AVE. NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, ROBERT S	3.2 NAME	
STREET ADDRESS	2080 5TH AVE N	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARE, RICHARD M	4.2 NAME	RAY JEFFRIES
STREET ADDRESS	P.O. BOX 13488 N/A	4.3 STREET ADDRESS	2983 TEAL LANE
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	CLEARWATER FL 33762
TITLE	E <input type="checkbox"/> DELETE	5.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	ELLIOT S. GASSNER
STREET ADDRESS		5.3 STREET ADDRESS	2110 4TH ST NO
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ST PETERSBURG FL 33704
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	VAUGHAN MCCARTHY
STREET ADDRESS		6.3 STREET ADDRESS	6625 CORMORANT CT
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ST PETERSBURG FL 33707

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard G. Ulrich 1/22/99 821 6161  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)