

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13109

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1298276

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

ERMATINGER, BILL
2176 A CORINNE CT. SO.
ST PETERBURG FL 33712

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 \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME MONTI, NICHOLAS J. ☒ Delete
STREET ADDRESS 4801 58TH AVE NORTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ Change ☐ Addition
NAME RICHARD HOPE
STREET ADDRESS 800-14TH AVE. NO. 1
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE D ☐ Delete
NAME ULRICH, RICHARD G.
STREET ADDRESS 140-15TH AVE. NORTH
CITY-ST-ZIP ST. PETERSBURG FL

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

TITLE D ☐ Delete
NAME NELSON, ROBERT S
STREET ADDRESS 2060 5TH AVE N
CITY-ST-ZIP ST PETERBURG FL

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

TITLE S ☐ Delete
NAME JEFFRIES, RAY
STREET ADDRESS 2983 TEAL LANE
CITY-ST-ZIP CLEARWATER FL 33762

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

TITLE T ☐ Delete
NAME GASSNER, ELLIOTT S
STREET ADDRESS 2110 4TH ST NO
CITY-ST-ZIP ST PETERSBURG FL 33704

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

TITLE VP ☐ Delete
NAME MCCARTHY, VAUGNN
STREET ADDRESS 6625 CORMORANT CT
CITY-ST-ZIP ST PETERSBURG FL 33707

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

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 617, 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:

REQUIRED

9/14/01 (727) 577-9800

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90031 021 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)