

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13109

1. Entity Name

ORANGE BLOSSOM OPEN, INC.

FILED
Jul 08, 2002 8:00 am
Secretary of State

07-08-2002 90227 040 ****61.25

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
 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 ☒ SD ☐ Delete
 NAME HOPE, RICHARD
 STREET ADDRESS 800-14TH AVE N
 CITY-ST-ZIP SAINT PETERSBURG FL 33701

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS ULRICH, RICHARD G.
 CITY-ST-ZIP 140-15TH AVE. NORTH
 SAINT PETERSBURG FL 33701

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS NELSON, ROBERT S
 CITY-ST-ZIP 2060 5TH AVE N
 SAINT PETERSBURG FL 33707

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

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

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

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

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

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

TITLE ☐ 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:

[Signature]

7/2/02 727 577-9400 ext 8

CR2E037 (4/02)