

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90115 035 *****61.25

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

4. FEI Number **59-1298276**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida 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 **D** ☐ Delete
NAME **ULRICH, RICHARD G.**
STREET ADDRESS **140-15TH AVE. NORTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

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

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

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

TITLE **PD** ☐ 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 **TD** ☐ Delete
NAME **GASSNER, ELLIOTT S**
STREET ADDRESS **2110 4TH ST NO**
CITY-ST-ZIP **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]

4/9/03 727 577-9400

CR2E037 (10/02)