

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000050968**

1. Entity Name

EMIL A. GASPERONI, JR., P.A.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90072 022 ***150.00

Principal Place of Business

**931 WEKIVA SPRINGS RD
SUITE 800
LONGWOOD FL 32779
US**

Mailing Address

**931 WEKIVA SPRINGS RD
SUITE 800
LONGWOOD FL 32779
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFI Number **59-3327482**

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

**GASPERONI, EMIL A JR
931 WEKIVA SPRINGS RD
SUITE 800
LONGWOOD FL 32779**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 the filer (if filer is not the registered agent)

(NAME) Registered Agent's name (typed or printed name)

(DATE)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back) ☒

PAID DOWN FEE IS \$181.00
After March 1, 2001 Fee will be \$550.00
(Make Check Payable to Department of State)

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	GASPERONI, EMIL A JR	
STREET ADDRESS	931 WEKIVA SPRINGS RD	
CITY-STATE-ZIP	LONGWOOD FL 32779	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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TITLE		☐ Delete
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STREET ADDRESS		
CITY-STATE-ZIP		

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 687, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

COPY TO FILE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Emil A. Gasperoni Jr
PRESIDENT

4/23/01 407-772-7303

CR2E034 (10.00)