

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019629

1. Entity Name

GMNE OSBORNE, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90462 029 ***158.75

Principal Place of Business

Mailing Address

~~2910 BAY TO BAY BLVD.~~
~~SUITE 203~~
~~TAMPA FL 33629-8113~~

~~2910 BAY TO BAY BLVD.~~
~~SUITE 203~~
~~TAMPA FL 33629-8113~~

2. Principal Place of Business

2628 5th Ave. North

3. Mailing Address

2628 5th Ave. North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

59-3495272

Applied For

Not Applicable

Zip

33713

Country

Zip

33713

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WASHINGTON, LYNN C
701 BRICKELL AVENUE
MIAMI FL 33131

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

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	SIBLEY, RUSSELL A JR.	
STREET ADDRESS	2910 BAY TO BAY BLVD.	
CITY-ST-ZIP	TAMPA FL 33629-8113	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, ANTHONY	
STREET ADDRESS	2910 BAY TO BAY BLVD.	
CITY-ST-ZIP	TAMPA FL 33629-8113	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, JAMES K	
STREET ADDRESS	2910 BAY TO BAY BLVD.	
CITY-ST-ZIP	TAMPA FL 33629-8113	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Also: President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2628 5th Ave. North	
CITY-ST-ZIP	St. Petersburg, FL 33713	
TITLE	V D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Agustin Dominguez	
STREET ADDRESS	2628 5th Ave. North	
CITY-ST-ZIP	St. Petersburg, FL 33713	
TITLE	V D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Claire Raley	
STREET ADDRESS	2628 5th Ave. North	
CITY-ST-ZIP	St. Petersburg, FL 33713	
TITLE	S T D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Salvatore Martorano	
STREET ADDRESS	2628 5th Ave. North	
CITY-ST-ZIP	St. Petersburg, FL 33713	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, 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.

SIGNATURE:

[Signature] R. Sibley, Jr. Pres,
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 17, 2000

Date

727-322-2550

Daytime Phone #

CR2E034 (9/99)