2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068809

GEMS ENTERPRISES OF HERNANDO COUNTY, INC.

Principal Place of	Business	Mailing Address		
CALENDULA CT. W.		3 CALENDULA CT. W. HOMOSASSA FL 34446-5933		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
	Country	Zip	Country	

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

BORGO, PATRICIA F

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

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NAME

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NAME

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NAME

TITLE NAME

STREET ADDRESS

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CITY-ST-ZIP

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3 CALENDULA CT. W. HOMOSASSA FL 34446

9. This corporation is eligible to satisfy its Intangible

BORGO, PATRICIA F

3 CALENDULA CT. W.

BORGO, GREGORY P

50 CONDUCTOR DR.

VALRICO FL 33594

BORGO, RICHARD J

TAMPA FL 33613

BORGO, MICHAEL S

13377 ASBURY ST.

3 CALENDULA CT. W.

HOMOSASSA FL 34446

BORGO, STEPHANIE ANN

2130 FLETCHER POINT CIR.

DAWSONVILLE GA 30534

ARUNDELL, ELAINE MARIE

3619 ORANGEPOINTE RD.

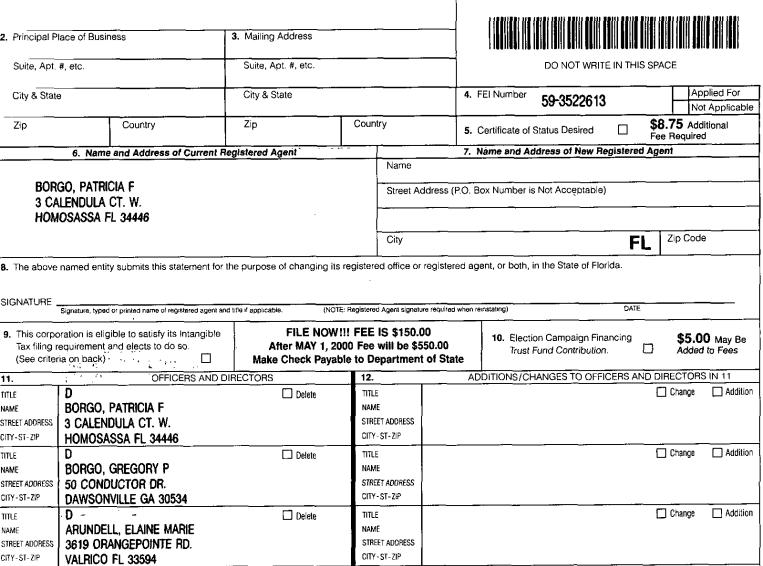
HOMOSASSA FL 34446

Tax filing requirement and elects to do so.

(See criteria on back)

FILED Apr 26, 2000 8:00 am Secretary of State

04-26-2000 90211 014 ***150.00



SPRING HILL FL 34609 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.

CITY-ST-ZIP

Name

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

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SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00 352 597-0904

Change

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Change

Addition

Addition

☐ Addition