

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
 05-01-2001 90078 015 ***150.00

0549609

DOCUMENT # P98000068809

1. Entity Name
GEMS ENTERPRISES OF HERNANDO COUNTY, INC.

Principal Place of Business Mailing Address
3 CALENDULA CT. W. 3 CALENDULA CT. W.
HOMOSASSA FL 34446 HOMOSASSA FL 34446

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3522613** 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

BORG, PATRICIA F
3 CALENDULA CT. W.
HOMOSASSA FL 34446

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, 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 ☐ Delete
 NAME **D BORG, PATRICIA F**
 STREET ADDRESS **3 CALENDULA CT. W.**
 CITY-ST-ZIP **HOMOSASSA FL 34446**

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

TITLE ☐ Delete
 NAME **D BORG, GREGORY P**
 STREET ADDRESS **50 CONDUCTOR DR.**
 CITY-ST-ZIP **DAWSONVILLE GA 30534**

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

TITLE ☐ Delete
 NAME **D ARUNDELL, ELAINE MARIE**
 STREET ADDRESS **3619 ORANGEPOINTE RD.**
 CITY-ST-ZIP **VALRICO FL 33594**

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

TITLE ☐ Delete
 NAME **D BORG, RICHARD J**
 STREET ADDRESS **3 CALENDULA CT. W.**
 CITY-ST-ZIP **HOMOSASSA FL 34446**

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

TITLE ☐ Delete
 NAME **D BORG, STEPHANIE ANN**
 STREET ADDRESS **2130 FLETCHER POINT CIR.**
 CITY-ST-ZIP **TAMPA FL 33613**

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

TITLE ☐ Delete
 NAME **D BORG, MICHAEL S**
 STREET ADDRESS **13377 ASBURY ST.**
 CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE ☐ Change ☐ 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: Patricia F. Borge **PATRICIA F. BORG** **4-15-01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)