

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 06, 2002 8:00 am**  
**Secretary of State**

06-06-2002 90084 042 \*\*\*150.00

**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**      **3. Mailing Address**  
 Suite, Apt. #, etc.      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**  
**BORGIO, PATRICIA F**  
**3 CALENDULA CT. W.**  
**HOMOSASSA FL 34446**

**7. Name and Address of New Registered Agent**  
 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** \_\_\_\_\_ (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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input type="checkbox"/> Delete
NAME	BORGIO, PATRICIA F	
STREET ADDRESS	3 CALENDULA CT. W.	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	D	<input type="checkbox"/> Delete
NAME	BORGIO, GREGORY P	
STREET ADDRESS	50 CONDUCTOR DR.	
CITY-ST-ZIP	DAWSONVILLE GA 30534	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARUNDELL, ELAINE MARIE	
STREET ADDRESS	3619 ORANGEPOINTE RD.	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	<input type="checkbox"/> Delete
NAME	BORGIO, RICHARD J	
STREET ADDRESS	3 CALENDULA CT. W.	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	D	<input type="checkbox"/> Delete
NAME	BORGIO, STEPHANIE ANN	
STREET ADDRESS	2130 FLETCHER POINT CIR.	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	D	<input type="checkbox"/> Delete
NAME	BORGIO, MICHAEL S	
STREET ADDRESS	13377 ASBURY ST.	
CITY-ST-ZIP	SPRING HILL FL 34609	

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		
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:** *Patricia F. Borge*      **PATRICIA F. Borge**      **5-1-02**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)