

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90177 001 ***150.00

05/02/77 AV

DOCUMENT # P98000068809

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



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

Mailing Address
**3 CALENDULA CT. W.
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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **D** ☒ Change ☐ Addition
NAME **BORG, GREGORY P**
STREET ADDRESS **12971 KINGSDALE LANE**
CITY-ST-ZIP **WELLINGTON, FL 33414**

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

TITLE **D** ☒ Change ☐ Addition
NAME **ARUNDELL, ELAINE MARIE**
STREET ADDRESS **2004 RIVER CROSSING DRIVE**
CITY-ST-ZIP **VALRICO, FL 33594**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

PATRICIA F. BORG

4/30/03

352 628-3608

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)