

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P980000 96820

1. Entity Name

GEMINI INVESTMENTS OF  
CENTRAL FLORIDA INC

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 MAY 22 PM 2:11

Principal Place of Business

Mailing Address

1135 ROUNDTABLE DR.  
CASSELBERRY FL  
32707

PO BOX 300005  
FERN PARK FL  
32730

2. Principal Place of Business

1135 Roundtable DR.  
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 300005  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Casselberry, FL

Zip

32707

Country

USA

City & State

Fern Park, FL

Zip

32730

Country

USA

4. FEI Number

59-3555495

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Sam Tringali  
1135 Roundtable DR.  
Casselberry FL 32707

7. Name and Address of New Registered Agent

Name Adrien Love

Street Address (P.O. Box Number is Not Acceptable)

1030 Alvina Lane

City

Oviedo

FL

Zip Code

32765

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

*Adrien Love*

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

(NOTE: Registered Agent signature required when reinstating)

5/6/01

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

TITLE PRESIDENT ☐ Delete

NAME ADRIEN LOVE

STREET ADDRESS 1030 ALVINA LANE

CITY-ST-ZIP OVIEDO FL 32765

TITLE VICE PRESIDENT ☐ Delete

NAME SAM TRINGALI

STREET ADDRESS 1135 Roundtable DR.

CITY-ST-ZIP Casselberry, FL 32707

TITLE SECRETARY ☐ Delete

NAME SAM TRINGALI

STREET ADDRESS S.A.A.

TITLE TREASURER ☐ Delete

NAME ADRIEN LOVE

STREET ADDRESS S.A.A.

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME 800004435838-6

STREET ADDRESS -06/21/01--01086-006

CITY-ST-ZIP \*\*\*\*\*300.00 \*\*\*\*\*300.00

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Adrien Love*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/01

Date

407 977 2084

Daytime Phone #

CR2E034 (11/00)