

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S44290

1. Entity Name

GEMINI GROUP, INC.

FILED

Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90016 050 ***150.00

Principal Place of Business

1301 W. NEWPORT CENTER DR.
DEERFIELD BEACH FL 33442
US

Mailing Address

1301 W. NEWPORT CENTER DR
DEERFIELD BEACH FL 33442-7734
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0256384

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCKNIGHT, N. PHILIP
1377 CLINT MOORE ROAD
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name

Drew M. Levitt

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

1301 W. Newport Center Dr.

City

Deerfield Beach

FL

Zip Code

33442

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

Drew Levitt

Drew M. Levitt

3/15/00

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, 2000 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	COM	<input type="checkbox"/> Delete
NAME	VAN ARNEM, HAROLD L	
STREET ADDRESS	1301 W. NEWPORT CENTER DR	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MCKNIGHT, PHILIP N	
STREET ADDRESS	1301 W. NEWPORT CENTER DR	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DECKER, JULIA M	
STREET ADDRESS	1301 W NEWPORT CENTER DR	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julia M. Decker

3/15/00

Date

954-419-1375

Daytime Phone #