

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # S50907**1. Entity Name
GEMINI ASSOCIATES OF PALM BEACH COUNTY, INC.Principal Place of Business
254 SW 12TH AVE
DEERFIELD BCH FL 33442Mailing Address
254 SW 12TH AVE
DEERFIELD BCH FL 33442

2. Principal Place of Business

3. Mailing Address
254 SW 12TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
DEERFIELD BEACH FL

Zip Country

Zip Country
334424. FEI Number
65-0258889Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentDOUGHERTY, JAMES
3576 ENSIGN CIR

DELRAY BEACH FL 33483

7. Name and Address of New Registered AgentName
SIDMAN, SCOTTStreet Address (P.O. Box Number is Not Acceptable)
18046 CLEAR BROOK CIRCLECity FL Zip Code
BOCA RATON 33498

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 **SCOTT SIDMAN****05/01/2001**

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 State10. 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
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SIDMAN EVELYN
22633 CARAVELLE CIRCLE
BOCA RATON FL 33481TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SIDMAN JOSEPH
22633 CARAVELLE CIRCLE
BOCA RATON FL 33481TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
T
GUTIERREZ JOSE
2323 NW 184TH TERRACE
PEMBROKE PINES FL 33029TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SIDMAN, SCOTT
3722 NW 6TH ST
DEERFIELD BCH FLTITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
FURLAN PAUL
11224 57TH ROAD N
ROYAL PALM BEACH FL 33411TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
DOUGHERTY, JAMES
3576 ENSIGN CIR
DELRAY BEACH FLTITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SIDMAN SCOTT
18046 CLEAR BROOK CIR
BOCA RATON FL 33498TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: EVELYN SIDMAN**S****05/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)