

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90426 010 ***150.00

DOCUMENT # 5 50907

1. Entity Name
**GEMINI ASSOCIATES OF PALM BEACH
COUNTY INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
254 SW 12TH AVE

3. Mailing Address
"SAME"

DO NOT WRITE IN THIS SPACE

City & State
DEERFIELD BEACH, FL

City & State

4. FEI Number
65-0258889

Applied For
Not Applicable

Zip
33442

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
SIDMAN, SCOTT
Street Address (P.O. Box Number is Not Acceptable)

18046 CLEAR BROOK CIRCLE

City **BOCA RATON** FL Zip Code **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

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)

☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	S SIDMAN, EVELYN 22633 CARAVELLE CIRCLE BOCA RATON, FL 33481	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIDMAN, JOSEPH 22633 CARAVELLE CIRCLE BOCA RATON, FL 33481	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUTIERREZ, JOSE 2323 NW 184TH TERR PENNBRIDGE PINES, FL 33079	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FURLAN, PAUL 11224 5TH RD N ROYAL PALM BEACH, FL 33411	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIDMAN, SCOTT 18046 CLEAR BROOK CIRCLE BOCA RATON, FL 33498	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE: **SCOTT SIDMAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 (954) **428-2281**
Date Daytime Phone #

CR2E034B (12/01)