

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000866**

1. Entity Name
GARRETT HOLDINGS, LTD.

Principal Place of Business
**20 CELESTIAL WAY #116
JUNO BEACH FL 33408**

Mailing Address
**20 CELESTIAL WAY #116
JUNO BEACH FL 33408**

FILED

01 AUG 29 PM 12:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 26, 2001

City & State

City & State

4. FEI Number **65-0428085**

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

7. Name and Address of New Registered Agent

**HARRISON, JO'ANN G
20 CELESTIAL WAY #116
JUNO BEACH FL 33408**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record. **\$458,250.00**

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**HARRISON, ANN G
20 CELESTIAL WAY #116
JUNO BEACH FL 33408**

STREET ADDRESS

300004565253--1

CITY-ST-ZIP

-08/31/01--01027--009

*******526.25 *****526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**SALAME, ANNE G
20 CELESTIAL WAY #116
JUNO BEACH FL 33408**

STREET ADDRESS

2072 Derby Road

CITY-ST-ZIP

Birmingham, MI 48009

DOCUMENT #
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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

JoAnn G. Harrison

SIGNATURE:

SIGNATURE REQUIRED

8/27/01

561/626-4735

CR2E003 (5/01)

CP did not receive 1st notice. \$400 late fee not applicable due to miscom- munication on the part of the office.

STAPLE CHECK HERE