

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F20618

1. Entity Name

FOGARTY ENTERPRISES, INC.

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90060 007 \*\*\*150.00

953312



DO NOT WRITE IN THIS SPACE

Principal Place of Business 83 CROOKED TREE LANE APT 106 VERO BEACH FL 32962 US	Mailing Address 83 CROOKED TREE LANE APT 106 VERO BEACH FL 32962 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-2077891	Applied For	
		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOGARTY, GEORGE A.  
83 CROOKED TREE LANE APT 106  
VERO BEACH FL 32962

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	FOGARTY, JEFFREY L	
STREET ADDRESS	9217 LAKE HICKORY NUT DR	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FOGARTY, MATTHEW J	
STREET ADDRESS	640 24TH STREET S.W.	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FOGARTY, RUTH	
STREET ADDRESS	1476 14TH CT	
CITY-ST-ZIP	VERO BCH, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FOGARTY, GEORGE A	
STREET ADDRESS	1476 14TH CT	
CITY-ST-ZIP	VERO BCH, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FOGARTY, MARK ALAN	
STREET ADDRESS	1385 BULLOCK PLACE	
CITY-ST-ZIP	LILBURN GA	
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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOGARTY, MATTHEW J.	
STREET ADDRESS	1476 14th COURT	
CITY-ST-ZIP	VERO BEACH, FL32960	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOGARTY, RUTH	
STREET ADDRESS	83 CROOKED TREE LANE APT 106	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOGARTY, GEORGE A.	
STREET ADDRESS	83 CROOKED TREE LANE APT. 106	
CITY-ST-ZIP	VERO BEACH, FL 32962	
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: George A. Fogarty GEORGE A. FOGARTY 4/16/01 561-567-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)