

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90017 008 \*\*\*150.00

**DOCUMENT # K72062**

1. Entity Name

**THE GARRY GROUP, INC.**

Principal Place of Business <b>458 N TAMIAMI TRAIL OSPREY FL 34229 US</b>		Mailing Address <b>P O BOX 756 OSPREY FL 34229-0756 US</b>		DO NOT WRITE IN THIS SPACE
2. Principal Place of Business <b>6572 Palmer Park Circle</b>		3. Mailing Address <b>6572 Palmer Park Circle</b>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State <b>Sarasota, FL</b>		City & State <b>Sarasota, FL</b>		
Zip <b>34238</b>	Country <b>U.S.A.</b>	Zip <b>34238</b>	Country <b>U.S.A.</b>	4. FEI Number <b>65-0141013</b>
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>MURPHY, JAMES G 156 BISHOPSCOURT OSPREY FL 34229</b>			7. Name and Address of New Registered Agent	
			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City <b>FL</b>   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. 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 Added to F

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>MURPHY, JAMES G.</b> <b>156 BISHOPSCOURT</b> <b>OSPREY FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>XXXXXXXXXXXXXXXXXXXX</del> <b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> <b>Hess, Gary W.</b> <b>6572 Palmer Park Circle</b> <b>Sarasota, FL 34238</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVT</b> <b>MURPHY, TERENCE J.</b> <b>1721 FIESTA DRIVE</b> <b>SARASOTA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>

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 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

**James G. Murphy**

**01/24/00**

Date

**941-926-0970**

Daytime Phone #