

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/1/

**FILED**  
**May 25, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90050 030 \*\*\*150.00

**DOCUMENT # P94000004351**

1. Entity Name  
**GARY-PLAYER GROUP, INC.**

Principal Place of Business  
**3930 RCA BLVD.**  
**SUITE 3001**  
**PALM BEACH GARDENS FL 33410**  
**US**

Mailing Address  
**3930 RCA BLVD.**  
**SUITE 3001**  
**PALM BEACH GARDENS FL 33410**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0466152</b>		Applied For <input type="checkbox"/> No; Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>WHITE, JOSEPH J.</b> <b>3930 RCA BLVD., SUITE 3001</b> <b>PALM BEACH GARDENS FL 33410</b>				Name <b>PAMELA J. CAMPBELL</b>			
				Street Address (P.O. Box Number is Not Acceptable) <b>3930 RCA, BVD, STE 3001</b>			
				City <b>PALM BEACH GARDENS FL</b> Zip Code <b>33410</b>			

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 **P.J. CAMPBELL** DATE **5/22/2001**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WHITE, JOSEPH J</b>			NAME			
STREET ADDRESS	<b>3930 RCA BLVD., STE. 3001</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PLAYER, GARY J</b>			NAME			
STREET ADDRESS	<b>3930 RCA BLVD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PLAYER, MARC B</b>			NAME			
STREET ADDRESS	<b>3930 RCA BLVD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>			CITY-ST-ZIP			
TITLE	<b>DT</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CAMPBELL, PAMELA J</b>			NAME			
STREET ADDRESS	<b>3930 RCA BLVD., STE. 3001</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: **4/23/2001** **561-6240300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day of the Month Year

CR2034 (10/00)