

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000111756**

1. Entity Name

DR. BRIAN W. GARRICK, P.A.

2. Principal Place of Business

3. Mailing Address

**284 FAIRWAY CIRCLE
WESTIN FL 33326**

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Westin FL 33326**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

650983141

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

**DR. BRIAN GARRICK
284 FAIRWAY CIRCLE
Westin FL 33326**

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 or officer or director

(NOTE: Registered Agent signature required when new agent is added)

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 Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. I hereby certify that the information provided on this filing does not qualify for the exemption stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information provided on this report of officers and directors is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name address in Block 11 or Block 12 is changed or on an attached sheet will be a true and accurate statement.

SIGNATURE

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/00

(904) 581-1222

5/2

**FILED
Jun 29, 2000 8:00 am
Secretary of State**

06-09-2000 90009 002 ***158.75
05-24-2000 90145 033 ***150.00

DO NOT WRITE IN THIS SPACE