

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90159 010 ***150.00

DOCUMENT # 372457

1. Entity Name
GARRETT GROVES, INC.

Principal Place of Business 909 E MAIN ST SUITE 1200 RICHMOND VA 23219 US	Mailing Address 909 E MAIN ST SUITE 1200 RICHMOND VA 23219 US
--	--

611090



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 59-1359937	Applied For <input type="checkbox"/> Not Applicable
---------------------------------	--

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
-----	---------	-----	---------	---

6. Name and Address of Current Registered Agent
**DOMINICK, JULIAN K., JR., ESQUIRE
 827 NORTH HIGHLAND AVENUE
 ORLANDO FL 32803**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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)

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	PD	<input type="checkbox"/> Delete
NAME	MCCLELLAND, ALICE G.	
STREET ADDRESS	7 RIDGE CREST ROAD	
CITY-ST-ZIP	SADDLE RIVER NJ	
TITLE	S	<input type="checkbox"/> Delete
NAME	EPPS, A C	
STREET ADDRESS	6323 RIDGEWAY	
CITY-ST-ZIP	RICHMOND VA	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARRETT, GEORGE P., JR.	
STREET ADDRESS	1853 FENDALL AVE.	
CITY-ST-ZIP	CHARLOTTESVILLE VA	
TITLE	D	<input type="checkbox"/> Delete
NAME	EPPS, ROSALIE G	
STREET ADDRESS	6323 RIDGEWAY	
CITY-ST-ZIP	RICHMOND VA	
TITLE	T	<input type="checkbox"/> Delete
NAME	EPPS, JR A	
STREET ADDRESS	99 MAPLE AVENUE	
CITY-ST-ZIP	RICHMOND VA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Augustus C. Epps, Jr.* **AUGUSTUS C. EPPS, JR.** 1-11-01 804-697-4104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
TREASURER

01/29/01 042E034 (10/00)