

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90051 014 ***150.00

DOCUMENT # 381752

1. Entity Name

THE ALLEN MORRIS CONSTRUCTION COMPANY

Principal Place of Business

1000 BRICKELL BLDG. STE 1200
 MIAMI FL 33131

Mailing Address

1000 BRICKELL BLDG. STE 1200
 MIAMI FLA 33131-3013

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

59-1362057

Applied For

Not Applicable

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

MORRIS, L. ALLEN
 1000 BRICKELL AVE 1200
 MIAMI FL 33131-0014

Name

Morris, W. Allen

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

1000 Brickell Avenue, #1200

Miami, Florida 33131-0014

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

Bill G. Davis
 Signature, typed or printed name of registered agent and title if applicable.

BILL G. DAVIS

(NOTE: Registered Agent signature required when reinstating)

DATE

2-5-2000

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 **P** ☐ Delete
 NAME **WHITE, PAUL**
 STREET ADDRESS **1000 BRICKELL AVE 1200**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE **AS** ☐ Delete
 NAME **COLLINS, DIANE C**
 STREET ADDRESS **1000 BRICKELL AVE 1200**
 CITY-ST-ZIP **MIAMI, FLORIDA 0**

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

TITLE **CD** ☐ Delete
 NAME **MORRIS, W. ALLEN**
 STREET ADDRESS **1000 BRICKELL AVE 1200**
 CITY-ST-ZIP **MIAMI, FLORIDA 0**

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

TITLE **D** ☒ Delete
 NAME **RUPP, GARY L**
 STREET ADDRESS **1000 BRICKELL AVE 1200**
 CITY-ST-ZIP **MIAMI, FLORIDA 0**

TITLE **V** ☐ Change ☒ Addition
 NAME **Graham, Dale I.**
 STREET ADDRESS **1000 Brickell Ave. #1200**
 CITY-ST-ZIP **Miami, Florida 33131**

TITLE **VSD** ☐ Delete
 NAME **DAVIS, BILL G**
 STREET ADDRESS **1000 BRICKELL AVE 1200**
 CITY-ST-ZIP **MIAMI, FL 00000**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Bill G. Davis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BILL G. DAVIS

Date

(Daytime Phone #)

2-5-2000 (305) 358-1000

CR2E034 (9/99)