

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

712387



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

7. Name and Address of New Registered Agent

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 **BILL G. DAVIS**

2-5-2000

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 Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WHITE, PAUL	
STREET ADDRESS	1000 BRICKELL AVE 1200	
CITY-ST-ZIP	MIAMI FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	COLLINS, DIANE C	
STREET ADDRESS	1000 BRICKELL AVE 1200	
CITY-ST-ZIP	MIAMI, FLORIDA 0	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MORRIS, W. ALLEN	
STREET ADDRESS	1000 BRICKELL AVE 1200	
CITY-ST-ZIP	MIAMI, FLORIDA 0	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUPP, GARY L	
STREET ADDRESS	1000 BRICKELL AVE 1200	
CITY-ST-ZIP	MIAMI, FLORIDA 0	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	DAVIS, BILL G	
STREET ADDRESS	1000 BRICKELL AVE 1200	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Graham, Dale I.	
STREET ADDRESS	1000 Brickell Ave. #1200	
CITY-ST-ZIP	Miami, Florida 33131	
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:

Bill G. Davis **BILL G. DAVIS** **2-5-2000** **(305) 358-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)