

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701371

1. Entity Name

THE LOUIE R. AND GERTRUDE MORGAN FOUNDATION, INC

Principal Place of Business

Mailing Address

218 SOUTH POLK AVENUE
ARCADIA FL 33821

218 SOUTH POLK AVENUE
ARCADIA FLA 34266-3820

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

59-6142359

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

SUMMERALL, JR., ROBERT L.
218 SOUTH POLK AVE.
ARCADIA FL 33821

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MIXON, BOBBY C	
STREET ADDRESS	1500 SE REYNOLDS ST	
CITY-ST-ZIP	ARCADIA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WIERICHS, JAMES R.	
STREET ADDRESS	3664 TARO PLACE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELLAMY, GEORGE E	
STREET ADDRESS	21 RIO VISTA RD	
CITY-ST-ZIP	ARCADIA, FL 00000	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	SUMMERALL, ROBERT L JR	
STREET ADDRESS	2418 SE AIRPORT RD	
CITY-ST-ZIP	ARCADIA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert L. Summerall Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-00

Date

863-494-7531

Daytime Phone #

CR2E037 (9/99)