

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90022 032 ****61.25

DOCUMENT # N98000002824

1. Entity Name

MORSE HOLDING COMPANY OF PALM BEACH COUNTY

Principal Place of Business

4847 FRED GLADSTONE MEMORIAL DRIVE
 WEST PALM BEACH FL 33417

Mailing Address

4847 FRED GLADSTONE MEMORIAL DRIVE
 WEST PALM BEACH FL 33417

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

65-0888855

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GACKENHEIMER, E D
4847 FRED GLADSTONE MEMORIAL DRIVE
WEST PALM BEACH FL 33417

7. Name and Address of New Registered Agent

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
	D GACKENHEIMER, E D 4847 FRED GLADSTONE MEMORIAL DRIVE WEST PALM BEACH FL 33417		
	D HAWTHORNE, LISA J 4847 FRED GLADSTONE MEMORIAL DRIVE WEST PALM BEACH FL 33417		D MCCULLUM, JANET 4847 FRED GLADSTONE DRIVE WEST PALM BEACH, FL 33417
	D BOORD, E S 4847 FRED GLADSTONE MEMORIAL DRIVE WEST PALM BEACH FL 33417		

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-01

561-471-5111

Date

Daytime Phone #

CR2E037 (10/00)