

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000046495

1. Entity Name

MORSE REALTY, INC.

FILED

Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90031 017 ***150.00

Principal Place of Business

861 W MORSE BLVD
SUITE 250
WINTER PARK FL 32789

Mailing Address

861 W MORSE BLVD
SUITE 250
WINTER PARK FL 32789-3779

2. Principal Place of Business

3. Mailing Address

PO BOX 940658

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MAITLAND, FL.

Zip

Country

Zip
32794-0658

Country

4. FEI Number

59-3395435

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

7. Name and Address of New Registered Agent

WALKER, B J
235 S MAITLAND AVE
MAITLAND FL 32751

Name
DON L. BROWN

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

200 NORTH THORNTON AVENUE

City
ORLANDO

FL

Zip Code
32801

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

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 **D** ☐ Delete
NAME **GREENE, SHELDON**
STREET ADDRESS **861 MORSE BLVD., SUITE 250**
CITY-ST-ZIP **WINTER PARK FL 32789**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00
Date

407-647-5111
Daytime Phone #

CR2E034 (9/99)