

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90004 035 ***150.00

DOCUMENT # V08628

1. Entity Name

MORRIS FAMILY CORPORATION

Principal Place of Business

Mailing Address

3408 INVERNESS DR
 CHEVY CHASE MD 20815-5623
 US

3408 INVERNESS DR
 CHEVY CHASE MD 20815-5623
 US

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

65-0315846

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

MORRIS, DAVID A
2245 ANESBURY CT
WELLINGTON FL 33414

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

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 <input type="checkbox"/> Delete
NAME	MORRIS, DWIGHT M
STREET ADDRESS	1721 ALLARD RD.
CITY-ST-ZIP	CHAPEL HILL NC 27514
TITLE	PTD <input type="checkbox"/> Delete
NAME	MORRIS, ROBERT
STREET ADDRESS	3408 INVERNESS DRIVE
CITY-ST-ZIP	CHEVY CHASE MD 20815
TITLE	SD <input checked="" type="checkbox"/> Delete
NAME	GEORGE, DEBORAH M
STREET ADDRESS	4182 OAKWOOD DR.
CITY-ST-ZIP	WILLIAMSVILLE NY 14221
TITLE	VSD <input type="checkbox"/> Delete
NAME	MORRIS, DAVID A
STREET ADDRESS	2245 ANESBURY CT
CITY-ST-ZIP	WELLINGTON FL 33414
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, DWIGHT A
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, ROBERT A.
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	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____

Robert A. Morris
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT A. MORRIS

4/10/2000 (301) 215-4676
 Date Daytime Phone #

CR2E034 (9/99)