

**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WHITE, PAUL</b>	
STREET ADDRESS	<b>1000 BRICKELL AVE 1200</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete
NAME	<b>COLLINS, DIANE C</b>	
STREET ADDRESS	<b>1000 BRICKELL AVE 1200</b>	
CITY-ST-ZIP	<b>MIAMI, FLORIDA 0</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>MORRIS, W. ALLEN</b>	
STREET ADDRESS	<b>1000 BRICKELL AVE 1200</b>	
CITY-ST-ZIP	<b>MIAMI, FLORIDA 0</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RUPP, GARY L</b>	
STREET ADDRESS	<b>1000 BRICKELL AVE 1200</b>	
CITY-ST-ZIP	<b>MIAMI, FLORIDA 0</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIS, BILL G</b>	
STREET ADDRESS	<b>1000 BRICKELL AVE 1200</b>	
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	
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	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Graham, Dale I.</b>	
STREET ADDRESS	<b>1000 Brickell Ave. #1200</b>	
CITY-ST-ZIP	<b>Miami, Florida 33131</b>	
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)