

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**  
 04-27-2001 90238 040 \*\*\*150.00

0153495

**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 FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1362057**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MORRIS, W. ALLEN  
 1000 BRICKELL AVE 1200  
 MIAMI FL 33131-0014**

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	WHITE, PAUL	
STREET ADDRESS	1000 BRICKELL AVE 1200	
CITY-ST-ZIP	MIAMI FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	COLLINS, DIANE C	
STREET ADDRESS	1000 BRICKELL AVE 1200	
CITY-ST-ZIP	MIAMI, FLORIDA 0	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, W. ALLEN	
STREET ADDRESS	1000 BRICKELL AVE 1200	
CITY-ST-ZIP	MIAMI, FLORIDA 0	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRAHAM, DALE L	
STREET ADDRESS	1000 BRICKELL AVE 1200	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	DAVIS, BILL G	
STREET ADDRESS	1000 BRICKELL AVE 1200	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	MIAMI FLORIDA 33131
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131
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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BILL G. DAVIS**

**4-23-2001**

Date

**305-358-1000**

Daytime Phone #

CP2E034 (10/00)