

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 Mailing Address
1000 BRICKELL BLDG. STE 1200 **1000 BRICKELL BLDG. STE 1200**
MIAMI FL 33131 **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
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MORRIS, W. ALLEN
1000 BRICKELL AVE 1200
MIAMI FL 33131-0014

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 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	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 **BILL G. DAVIS** **4-23-2001** **305-358-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)