

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 603955

1. Entity Name

D. KENNETH MORROW JR, D.D.S. PA

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90034 043 \*\*\*150.00

Principal Place of Business

Mailing Address

490 NORTH INDIAN ROCKS ROAD  
 BELLEAIR BLUFFS FL 33770  
 US

490 NORTH INDIAN ROCKS ROAD  
 BELLEAIR BLUFFS FL 33770-2067

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1445894**

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

LOVELACE, WILLIAM K ESQ  
 2310 WEST BAY DR  
 LARGO FL 33770

Name **WILLIAM C. BORGERSEN, ESQ.**

Street Address (P.O. Box Number is Not Acceptable)  
**2530 W. BAY DR.**

City **LARGO** FL Zip Code **33770**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/21/00**

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 **PST**  
 NAME **MORROW, KENNETH D JR**  
 STREET ADDRESS **490 N INDIAN ROCKS DR**  
 CITY-ST-ZIP **BELLEAIR BLUFFS FL 33770-2067**

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/21/00 727-581-1661**

CR2E034 (9/99)