

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**  
 02-04-2000 90009 008 \*\*\*150.00

**DOCUMENT # 625638**

1. Entity Name

**MALT IV, INCORPORATED**

Principal Place of Business

Mailing Address

~~103 PROSPECT STREET~~  
~~BLACK MOUNTAIN NC 28714~~  
~~NC~~

~~103 PROSPECT STREET~~  
~~BLACK MOUNTAIN NC 28714-0306~~

2. Principal Place of Business

3. Mailing Address

**1910 TARPON LANE**

**1910 TARPON LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**202**

**202**

City & State

City & State

**Vero Beach, FL**

**Vero Beach, FL**

Zip

Country

Zip

Country

**32960**

**USA**

**32960**

**USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEWART, WILLIAM J.**  
**3355 OCEAN DR.**  
**VERO BEACH FL 32963**

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 **PD** ☐ Delete  
 NAME **MORGAN, ANNIE LAURIE**  
 STREET ADDRESS **103 PROSPECT STREET**  
 CITY-ST-ZIP **BLACK MOUNTAIN NC 28714**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **MORGAN, ANNIE L.**  
 STREET ADDRESS **1910 TARPON LANE #202**  
 CITY-ST-ZIP **Vero Beach, FL 32960**

TITLE **VP** ☐ Delete  
 NAME **MORGAN, ALLEN L**  
 STREET ADDRESS **2133 WEBSTER STREET**  
 CITY-ST-ZIP **PALO ALTO CA 94301**

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

TITLE **ST** ☐ Delete  
 NAME **MORGAN, RANDOLPH TYLER**  
 STREET ADDRESS **8636 MENTETH TERRACE**  
 CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE **ST MORGAN, RANDOLPH T.** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **5064 Country Brook DRIVE**  
 CITY-ST-ZIP **Cooper City, FL 33330**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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:**

**ANNIE LAURIE MORGAN**  
**Annie Laurie Morgan**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/23/2000 561-569-9854**

Date

Daytime Phone #

CR2E034 (9/99)