

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705593

1. Entity Name

MORNINGSIDE, INCORPORATED

Principal Place of Business

9220 102ND AVE  
SEMINOLE FL 33777  
US

Mailing Address

9220 102ND AVE  
SEMINOLE FL 33777-1032  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CHEEZEM, KEN  
9220 102ND AVE  
SEMINOLE FL 33777

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHOLET, SUZANNE	
STREET ADDRESS	1637 SAN MATEO DRIVE	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHIERHOLZ, CAROLE	
STREET ADDRESS	POST OFFICE BOX 270232	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHIEL, CATHERINE	
STREET ADDRESS	20272 VANGUARD TERR	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILSON, EDWIN D SR	
STREET ADDRESS	2816 COUNTRYBROOK DRIVE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROCKENFELLER, WILLIAM	
STREET ADDRESS	25 S MCMULLEN BOOTH ROAD	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	THURMAN, JAMES E JR	
STREET ADDRESS	576 13TH AVE NE	
CITY-ST-ZIP	ST PETERSBURG FL 33701	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VANDERSLICE, Deborah	
STREET ADDRESS	1 Oleander Street	
CITY-ST-ZIP	Cocoa Village, FL 32922	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4103-Carrollwood Village Dr	
CITY-ST-ZIP	Tampa, FL 33624	
TITLE	D	<input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Suzanne L Scholet*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Suzanne L Scholet 3/17/2000

Date

Daytime Phone #

FILED  
Apr 10, 2000 8:00 am  
Secretary of State

04-10-2000 90087 003 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0705987

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E037 (9/99)