

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90229 011 ****61.25

DOCUMENT # 711361

1. Entity Name
THE ALLEN MORRIS FOUNDATION

Principal Place of Business 1000 BRICKELL AVENUE 12 FL MIAMI FL 33131-3014	Mailing Address 1000 BRICKELL AVENUE 12 FL MIAMI FL 33131-3014
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number 59-6152420	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

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

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 NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, DIANE Y. 1000 BRICKELL AVE MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, JAMES F JR 1100 JOHNSON FERRY RD NE ATLANTA GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORRIS, W. ALLEN 1000 BRICKELL AVENUE MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUPP, GARY L 1000 BRICKELL AVENUE MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORRIS, IDA AKERS 1000 BRICKELL AVE MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 information empowered.

SIGNATURE: *W. Allen Morris* Date: 4/17/02 Daytime Phone #: 305-358-1000

CR2E037 (9/01)