

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721685

1. Entity Name

MORGANWOODS GREENTREE, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90110 001 ****70.00

Principal Place of Business

Mailing Address

% WISE PROPERTY MGMT. INC.
7628 N 56TH ST. STE 8
TAMPA FL 33617
US

% WISE PROPERTY MGMT. INC.
7628 N 56TH ST. STE 8
TAMPA FL 33617-7732
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

23-7205926

Applied For

Not Applicable

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

SPIVEY, WILLIAM C.
% WISE PROPERTY MANAGEMENT INC.
7628 N 56TH ST #8
TAMPA FL 33617

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	PULLARA, PHIL	
STREET ADDRESS	7302 BAJA CT	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BALL, SHARON	
STREET ADDRESS	7205 LAGUNA COURT	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUMES, MADGE	
STREET ADDRESS	7201 LAGUNA CT.	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHULZE, RAY	
STREET ADDRESS	7203 SAN LUIS CT	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HAFERS, STAN	
STREET ADDRESS	8301 TERRACE WOOD CIR	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STALDER, CHARLOTTE	
STREET ADDRESS	7201 SAN LUIS COURT	
CITY-ST-ZIP	TAMPA FL 33634	

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PULLARA, PHIL	
STREET ADDRESS	7302 BAJA COURT	
CITY-ST-ZIP	TAMPA, FL 33634	
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	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANE NAVARRO	
STREET ADDRESS	6905 SOLEDAD CT	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAFERS, STAN	
STREET ADDRESS	8301 TERRACE WOOD CIR	
CITY-ST-ZIP	TAMPA, FL 33615	
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 *Charlotte Stalder*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 4/7/00
Date

Daytime Phone #

CR2E037 (9/99)