

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721685

1. Entity Name

MORGANWOODS GREENTREE, INC.

FILED

Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90302 036 \*\*\*\*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  
US

00040513



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

16105 N. FLORIDA

16105 N. FLORIDA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE A

SUITE A

City & State

City & State

LUTZ FL

LUTZ FL

4. FEI Number

23-7205926

Applied For

Not Applicable

Zip

Country

Zip

Country

33549

33549

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)

16105 N. FLORIDA

SUITE A

City

LUTZ

FL

Zip Code

33549

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 ☐ Delete  
NAME PULLARA, PHIL  
STREET ADDRESS 7302 BAJA CT  
CITY-ST-ZIP TAMPA FL 33634

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

TITLE VD ☐ Delete  
NAME BALL, SHARON  
STREET ADDRESS 7205 LAGUNA COURT  
CITY-ST-ZIP TAMPA FL 33615

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

TITLE D ☐ Delete  
NAME HUMES, MADGE  
STREET ADDRESS 7201 LAGUNA CT.  
CITY-ST-ZIP TAMPA FL 33634

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

TITLE SD ☐ Delete  
NAME NAVARRO, JANE  
STREET ADDRESS 6905 SOLEDAD CT.  
CITY-ST-ZIP TAMPA FL 33615

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

TITLE D ☐ Delete  
NAME HAFERS, STAN  
STREET ADDRESS 8301 TERRACE WOOD CIR  
CITY-ST-ZIP TAMPA FL 33615

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

TITLE PD ☐ Delete  
NAME STALDER, CHARLOTTE  
STREET ADDRESS 7201 SAN LUIS COURT  
CITY-ST-ZIP TAMPA FL 33634

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)