

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A96000000255

1. Entity Name

RUSSELL W. MORRIS FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 19 AM 11:43



Principal Place of Business **Mailing Address**

6410 APPALOOSA DRIVE 6410 APPALOOSA DRIVE
TAMPA FL 33625 TAMPA FL 34761-4309

2. Principal Place of Business **3. Mailing Address**

632 STATENVILLE CT 632 STATENVILLE CT

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

OCOE, FL OCOE, FL

Zip Country Zip Country

34761 USA 34761 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3343840		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MORRIS, RUSSELL W 6410 APPALOOSA DRIVE TAMPA FL 33625		Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 632 STATENVILLE COURT City OCOE FL Zip Code 34761	

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** _____

9. Capital Contributions as Shown on record. **\$5,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	MORRIS, RUSSELL W	STREET ADDRESS	632 STATENVILLE COURT
NAME	6410 APPALOOSA DRIVE	CITY - ST - ZIP	OCOE, FL 34761
STREET ADDRESS	TAMPA FL 33625		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: RUSSELL W. MORRIS **RUSSELL W. MORRIS** 407-669-857

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #