

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000002259**

1. Entity Name

MORTON'S PLAZA, LTD.

FILED

02 JUL -3 PM 4: 02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business

**1924 S. OSPREY AVE., SUITE 200
SARASOTA FL 34239**

Mailing Address

**P.O. BOX 1329
SARASOTA FL 34230**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number **65-0713845**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCURDY, JEFFERY R

**1924 S. OSPREY AVE., SUITE 200
SARASOTA FL 34239**

7. Name and Address of New Registered Agent

Name

W. Lee McGinness

Street Address (P.O. Box Number is Not Acceptable)

1800 Second Street

Suite 971

City

Sarasota

FL

Zip Code

34236

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.

DATE

9. Capital Contributions
as Shown on record.

\$8,095,698.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$8,235,698

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

DOCUMENT # **P95000073406**
NAME **GRIFFIN COMPANY IV, INC.**
STREET ADDRESS **1924 S. OSPREY AVE., SUITE 200**
CITY-ST-ZIP **SARASOTA FL 34239**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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******526.25 ****526.25**

CR2E003 (9/01)

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:

Randy Salser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/02
Date

(941)316-6827
Daytime Phone #