

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000721**

1. Entity Name

THE J.D. MORRIS FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 12:06

mf



DO NOT WRITE IN THIS SPACE

Principal Place of Business
5770 MIDNIGHT PASS ROAD
UNIT 706-C
SARASOTA FL 34242

Mailing Address
5770 MIDNIGHT PASS ROAD
UNIT 706-C
SARASOTA FL 34242-3046

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0795907**

Applied For
Not Applicable

Zip Country Zip Country

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

~~MORRIS, JOHN D~~
5770 MIDNIGHT PASS ROAD
UNIT 706-C
SARASOTA FL 34242

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 _____

9. Capital Contributions as Shown on record. **\$315,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **315,000**

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 #
NAME **MORRIS, JOHN D**
STREET ADDRESS **5770 MIDNIGHT PASS ROAD, UNIT 706-C**
CITY - ST - ZIP **SARASOTA FL 34242**

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME **MORRIS, ELIZABETH J**
STREET ADDRESS **5770 MIDNIGHT PASS ROAD, UNIT 706-C**
CITY - ST - ZIP **SARASOTA FL 34242**

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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: **X** *John D Morris*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-28-2000

Date Daytime Phone #

0014110 11 0107100