

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H22191

1. Entity Name

MORGAN'S SALOON INC.

Principal Place of Business

% ROBERT C. STITES
6419 SAN JUAN AVE.
JACKSONVILLE FL 32210

Mailing Address

% ROBERT C. STITES
6419 SAN JUAN AVE.
JACKSONVILLE FL 32210-2855

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2459368

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

STITES, ROBERT C.
8480 RUCKMAN AVE.
JACKSONVILLE FL 32221

Name

Linda C. Dooley

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

4354 Englewood Ave.

City

Jacksonville

FL

Zip Code
32207

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

Linda C. Dooley

2-23-00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	STITES, ROBERT C.	
STREET ADDRESS	8480 RUCKMAN AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VST	<input type="checkbox"/> Delete
NAME	STITES, KAREN H.	
STREET ADDRESS	8480 RUCKMAN AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda C. Dooley	
STREET ADDRESS	4354 Englewood Ave.	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Janie C. Hollis	
STREET ADDRESS	6455 San Juan Ave., #31	
CITY-ST-ZIP	Jacksonville, FL 32210	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Janie C. Hollis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-23-00

CR2E034 (9/99)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90249 001 ***150.00



DO NOT WRITE IN THIS SPACE