

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90031 003 ***150.00

DOCUMENT # J67579

1. Entity Name
MORGAN'S RETIREMENT HOME, INC.

Principal Place of Business

ALMIRA MORGAN
~~432 S 'F' ST~~
LAKE WORTH FL 33460

Mailing Address

~~% ALMIRA MORGAN~~
~~432 S 'F' ST~~
~~LAKE WORTH FL 33460-4314~~



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1102 Westchester Dr. E

City & State

City & State
West Palm Beach, FL

4. FEI Number **59-2828270**

Applied For
 Not Applicable

Zip

Country

Zip

Country

33417 Palm Beach

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

MORGAN, ALMIRA
~~432 S 'F' ST~~
~~LAKE WORTH FL 33460~~

Name **MORGAN, ALMIRA**

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

1102 Westchester Dr. E

City **West Palm Beach, FL** Zip Code **33417**

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

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	D	<input type="checkbox"/> Delete
NAME	MORGAN, IVAN	
STREET ADDRESS	432 S 'F' ST	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORGAN, ALMIRA	
STREET ADDRESS	432 S 'F' ST	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Almira Morgan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00
 Date

Daytime Phone #

CR2E034 (9/99)