

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K38551

1. Entity Name

MORGAN MOTORCARS, INC.

**FILED**  
**Feb 21, 2000 8:00 am**  
**Secretary of State**

02-21-2000 90012 042 \*\*\*150.00

Principal Place of Business

Mailing Address

501 N A 1 A  
JUPTIER FL 33477  
US

501 N A 1 A  
JUPTIER FL 33477-4577  
US

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 **34-1598752**

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

ERICKSON, PAUL  
501 N HWY A1A  
222 ROYAL PALM WAY  
JUPITER FL 33477

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	DPT									
	NORMAN, GREG	501 N HWY A1A	JUPITER FL							
	S									
	NORMAN, LAURA	501 N HWY A1A	JUPITER FL							
	EVP									
	ERICKSON, PAUL	501 N HWY A1A	JUPITER FL							
	AT									
	BARCLAY, DON	630 FIFTH AVE	NEW YORK NY			BARCLAY, DON			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	AT									
	WOLF, KAREN	222 ROYAL PALM WAY	PALM BEACH FL							
	C									
	DAVIS, WYNN	501 N. A1A	JUPITER FL 33477			DAVIS, WYNN			<input checked="" type="checkbox"/>	<input type="checkbox"/>

13. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WYNNE R. DAVIS

1/31/00

561-743-818