

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L61748

1. Entity Name
JOHN J. MORGAN, D.D.S., P.A.

Principal Place of Business
901 U.S. 27 NORTH
SUITE 60
SEBRING FL 33870
US

Mailing Address
901 U.S. 27 NORTH
SUITE 60
SEBRING FL 33870
US

2. Principal Place of Business
1224 S.W. Lakeview Dr.
Suite, Apt. #, etc.

3. Mailing Address
1224 S.W. Lakeview Dr.
Suite, Apt. #, etc.

City & State
Sebring, FL
Zip 33870 Country USA

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Sebring, FL
Zip 33870 Country USA

4. FEI Number 65-0185697

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORGAN, JOHN J JR
609 SE 6TH AVE
OKEECHOBEE FL 34974

7. Name and Address of New Registered Agent

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 (NOT: Registered Agent's 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!
After MAY 1, 2001 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

TITLE	PVP	<input checked="" type="checkbox"/> Delete
NAME	MORGAN, JOHN J	
STREET ADDRESS	1224 SW LAKEVIEW DR	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MORGAN, KARIN	
STREET ADDRESS	1224 SW LAKEVIEW DR	
CITY-ST-ZIP	SEBRING FL 33870	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr. John J Morgan Trust	
STREET ADDRESS	Dated 22 May 1995	
CITY-ST-ZIP	1224 SW Lakeview Dr., Sebring, FL 33870	
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		

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 I, as an officer or director of the corporation or the receiver or trustee empowered to execute this report, have signed and changed, or on an attachment with an address, with all other like empowered

SIGNATURE: [Signature] D. Karin Morgan, Sec. / Treas. 6/4/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jun 26, 2001 8:00 am
Secretary of State

06-08-2001 90010 001 ***400.00
06-08-2001 90010 002 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)