

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0011836
/

DOCUMENT # **L95000000605**

1. Entity Name
RALPH A. MORTON, JR., L.C.

00 APR 13 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2240 DONATO DRIVE
BELLEAIR BEACH FL 33786

Mailing Address
2240 DONATO DRIVE
BELLEAIR BEACH FL 33786-3433



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

MJM

DO NOT WRITE IN THIS SPACE

City & State

4. FEI Number
59-3330463

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORTON, RALPH A JR
2240 DONATO DRIVE
BELLEAIR BEACH FL 33786**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES Change Addition

TITLE NAME Delete
**MGRM
MORTON, RALPH A JR
2240 DONATO DRIVE
BELLEAIR BEACH FL 34634**

TITLE NAME Change Addition
500003223473

TITLE NAME Delete
**MEM
MORTON, RALPH A III
2240 DONATO DRIVE
BELLEAIR BEACH FL 34634**

TITLE NAME Change Addition
**-04/25/00--01087--010
*****50.00 *****50.00**

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Ralph A. Morton, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

04/10/00
Date Daytime Phone #