

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002375

1. Entity Name

MORRIS LAND COMPANY, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

1505 S. Tamiami Trail,

3. Mailing Address

1505 S. Tamiami Trail

Suite, Apt. #, etc.

Suite 405

Suite, Apt. #, etc.

Suite 405

City & State

Venice, FL

City & State

Venice, FL

Zip

Country

USA

Zip

34292

Country

USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MORRIS, GEOFFREY D.  
1505 S. Tamiami Trail, Suite 405  
Venice, FL 34292

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9.

MANAGING MEMBERS/MEMBERS

TITLE **MGR**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Love, William J.  
403 Main Street  
Buffalo, NY 14203

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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10.

ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

800003187658--6  
-03/29/00--01005--010  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Geoffrey D. Morris, Mgr.

941-484-0646

Date

Daytime Phone #

CR2E083 (11/99)