

# 2001 UNIFORM BUSINESS REPORT (UBR)

0024645 AF

DOCUMENT # **L99000009235**

1. Entity Name

**BEVERLY A. MORRIS P.L.**

Principal Place of Business

**OAKHURST PROFESSIONAL PARK  
1333 S.E. 25TH LOOP, SUITE 101  
OCALA FL 34471**

Mailing Address

**OAKHURST PROFESSIONAL PARK  
1333 S.E. 25TH LOOP, SUITE 101  
OCALA FL 34471**

2. Principal Place of Business

**808 SE FORT KING ST**

3. Mailing Address

**808 SE Fort King St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Ocala, FL**

City & State

**Ocala, FL**

Zip  
**34471**

Country

**Marion**

Zip

**34471**

Country

**Marion**

4. FEI Number

**59-3615425**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MORRIS, BEVERLY A  
OAKHURST PROFESSIONAL PARK  
1333 S.E. 25TH LOOP, SUITE 101  
OCALA FL 34471**

7. Name and Address of New Registered Agent

Name **Beverly A. Morris**

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

**808 SE FORT KING STREET**

City **Ocala**

**FL**

Zip Code

**34471**

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

*Beverly A. Morris*

**4-13-01**

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 **Managing Member** ☐ Delete  
NAME **Beverly A. Morris**  
STREET ADDRESS **808 SE Fort King Street**  
CITY-ST-ZIP **Ocala, FL 34471**

10. ADDITIONS/CHANGES

TITLE **Managing Member** ☐ Change ☐ Addition  
NAME **Beverly A. Morris**  
STREET ADDRESS **808 SE Fort King Street**  
CITY-ST-ZIP **Ocala, FL 34471**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Beverly A. Morris*

**4-13-01 352-369-1900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)



**FILED**  
**2001 APR 20 AM 11:20**  
**DIVISION OF CORPORATIONS**  
**TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE