

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M79764

1. Entity Name

EMORY, INC.

Principal Place of Business

2818 CAPITA CIRCLE NE
2818 CAPITAL CR. N.E.
TALLAHASSEE FL 32308
US

Mailing Address

2818 CAPITAL CR NE
TALLAHASSEE FL 32308-3750
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRIS, EMORY
2818 CAPITAL CR. N.E.
TALLAHASSEE FL 32308

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 |
|-------|----------------------|-----------------------|----------------|---------------------------------|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| PD | MORRIS, EMORY | 2818 CAPITAL CR. N.E. | TALLAHASSEE FL | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| V | MORRIS, WILLIAM T. | 2818 CAPITAL CR. N.E. | TALLAHASSEE FL | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| ST | MORRIS, BARBARA ANNE | 2818 CAPITAL CR. N.E. | TALLAHASSEE FL | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |

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:

SIG SANTI M. REED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-00

385-7533

Date

Daytime Phone #

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90083 029 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2894797**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (9/99)