


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90500 036 ****61.25

DOCUMENT # N98000000392	
1. Entity Name Morrill Court Owners Association, Inc. ✓	

DO NOT WRITE IN THIS SPACE

70044964

2. Principal Place of Business Morrill Street Suite, Apt. #, etc.	3. Mailing Address P.O. Box 49885 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State SARASOTA FL	City & State SARASOTA FL	4. FEI Number 65-0809607	Applied For Not Applicable
Zip 34236	Country USA	Zip 34230	Country USA
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name John J. Lumbraugh	
Street Address P.O. Box Number is Not Applicable 1900 Ringling Blvd	
City SARASOTA	FL Zip Code 34236

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP President James E. Gaylord 1821 Morrill Street SARASOTA FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Vice Gaylord 1821 Morrill Street SARASOTA FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Secy. Treas Shirley C. Solomon 3227 Southfield Lane SARASOTA FL 34239	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03 941-921-3557

Date

Daytime Phone #

CR2E037B (12/02)