

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90076 049 \*\*\*150.00

**DOCUMENT # P93000039969**

1. Entity Name

DE MORGAN PROPERTIES, INC.

Principal Place of Business

174 COMSTOCK AVE  
 STE 217  
 WINTER PARK FL 32789  
 US

Mailing Address

8323 LINDBERGH COURT  
 SARASOTA FL 34243  
 US

2. Principal Place of Business

8323 LINDBERGH CT

3. Mailing Address

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

34243

USA

Zip

34243

Country

USA

4. FEI Number

65-0457344

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

BARWICK, ROBERT D.

1734 NORTHGATE BLVD 8323 Lindbergh Ct

112

SARASOTA FL 34243

34243

7. Name and Address of New Registered Agent

Name

Robert D. Barwick

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

8323 Lindbergh Ct

City

Sarasota

FL

Zip Code

34243

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, 2002 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

TITLE CPS  
 NAME BARWICK, ROBERT D.  
 STREET ADDRESS 8323 LINDBERGH CT  
 CITY-ST-ZIP SARASOTA FL 34243 ☐ Delete

TITLE VPFT  
 NAME WILLS, TRACY M  
 STREET ADDRESS 8323 LINDBERGH CT  
 CITY-ST-ZIP SARASOTA FL 34243 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert D. Barwick 1/16/02

Date

Daytime Phone #

CR2E034 (9/01)