

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90171 036 ***158.75

DOCUMENT # P94000036909

1. Entity Name
MORRIS FARMS, INC.

Principal Place of Business

**1800 PLATT RD
NAPLES FL 33964**

Mailing Address

**1800 PLATT RD
NAPLES FL 33964**

2. Principal Place of Business

**HC61 Box 9
Suite, Apt. #, etc.
County Road 835
Clewiston, FL.**

3. Mailing Address

**103 KilPatrick Road
Suite, Apt. #, etc.
Clewiston, FL.**

Zip
33440

Country
HENDRY

Zip
33440

Country
HENDRY

4. FEI Number **65-0493459**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MORRIS, HORACE L
1800 PLATT RD
NAPLES FL 33964**

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 **Horace S. Morris**

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

(NOTE: Registered Agent signature required when reinstating)

4/7/02
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 **PTD** ☐ Delete
NAME **MORRIS, HORACE L**
STREET ADDRESS **1800 PLATT RD**
CITY-ST-ZIP **NAPLES FL**

TITLE **VD** ☐ Delete
NAME **MORRIS, RICHARD D**
STREET ADDRESS **3261 50TH AVE NE**
CITY-ST-ZIP **NAPLES FL**

TITLE **AD** ☐ Delete
NAME **MORRIS, DEBRA A**
STREET ADDRESS **1800 PLATT RD**
CITY-ST-ZIP **NAPLES FL 34120**

TITLE **D** ☐ Delete
NAME **MORRIS, SHAWN C**
STREET ADDRESS **1800 PLATT RD**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **103 KilPatrick Road**
STREET ADDRESS **Clewiston, FL. 33440**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **Clewiston, FL. 33440**
CITY-ST-ZIP

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

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: **Horace S. Morris**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/02
Date

863-983-8404
Daytime Phone #

CR2E034 (9/01)