

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State
 05-12-2000 90070 007 ***150.00

DOCUMENT # P94000038946

1. Entity Name
MORRIS REALTY GROUP, INC.

Principal Place of Business Mailing Address
150 E PALMETTO PK RD **1046 MELALEUCA ROAD**
STE 750 **DELRAY BEACH FL 33483-6610**
BOCA RATON FL 33432
US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0510733** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MORRIS, ELAINE H
1046 MELALEUCA ROAD
DELRAY BEACH FL 33483

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 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

TITLE	SD	<input type="checkbox"/> Delete
NAME	MORRIS, SCOTT W	
STREET ADDRESS	160 NEWPORT CENTER DRIVE, SUITE 120	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HARTMAN, TERI A	
STREET ADDRESS	272 BRIGHTON RD	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MORRIS, MATTHEW C	
STREET ADDRESS	653 AVENUE C	
CITY-ST-ZIP	REDONDO BEACH CA 90277	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MORRIS, ELAINE H	
STREET ADDRESS	1046 MELALEUCA RD	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, SCOTT W	
STREET ADDRESS	1249 Temple Hills Drive	
CITY-ST-ZIP	Leguna Beach, Ca. 92651	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CF2E034 (9/99)