

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2001 8:00 am**  
**Secretary of State**

07-17-2001 90002 009 \*\*\*550.00

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**DOCUMENT # P94000038946**

1. Entity Name

**MORRIS REALTY GROUP, INC.**

Principal Place of Business

130 E PALMETTO PK RD  
 STE 250  
 BOCA RATON FL 33432  
 US

Mailing Address

1046 MELALEUCA ROAD  
 DELRAY BEACH FL 33483

2. Principal Place of Business

120 E. Palmetto PK Rd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Palm Beach

Country

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 \$550.00**

**After September 12, 2001 Fee will be \$750.00**

**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	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, SCOTT W	
STREET ADDRESS	120 E. Palmetto PK Rd, Suite 425	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, MATTHEW C	
STREET ADDRESS	121 12th Street	
CITY-ST-ZIP	MANHATTAN Beach, CA 90266	
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

July 10, 2001 561-368-9820

CR2E034 (5/01)