

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000017295

1. Entity Name

MOR/CLIF CORPORATION

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90037 001 ***150.00

Principal Place of Business

Mailing Address

N.W. ENTERPRISE DR.
PORT ST. LUCIE FL 34986

~~615 N.W. ENTERPRISE DR.
PORT ST. LUCIE FL 34986~~

412 Bagdad Rd
Westlake LA 70669

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0565902

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLIFTON, SAMUEL W
615 N.W. ENTERPRISE DR.
PORT ST. LUCIE FL 34986

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


12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	CLIFTON, SAMUEL	
STREET ADDRESS	615 N.W. ENTERPRISE DR.	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	CLIFTON, JANICE	
STREET ADDRESS	1899 S.W. RENFRO	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MOREE, HENRY B	
STREET ADDRESS	SOUTH MAIN ST.	
CITY-ST-ZIP	SOCIETY HILL SC	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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 #

3/7/00 337-437-7972

CR2E034 (9/99)