

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000088533

1. Entity Name

MICHAEL MORRIS ASSOCIATES INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90077 049 ***150.00

Principal Place of Business

Mailing Address

146 SW 53RD ST
CAPE CORAL FL 33914

146 SW 53RD ST
CAPE CORAL FL 33914-7130

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-1780008

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MORRIS, MICHAEL R
146 SW 53RD ST
CAPE CORAL FL 33914

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	P	<input type="checkbox"/> Delete
NAME	SUSAN CHRISTENSEN	
STREET ADDRESS	4015 RONSON DRIVE	
CITY-ST-ZIP	ALEXANDRIA VA	
TITLE	EVPT	<input type="checkbox"/> Delete
NAME	MICHAEL R. MORRIS	
STREET ADDRESS	146 S.W. 53RD STREET	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	IRENE MORRIS	
STREET ADDRESS	146 S.W. 53RD STREET	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	ILDIKO J. MORRIS	
STREET ADDRESS	15 BATTERY STREET, APT. 10	
CITY-ST-ZIP	BOSTON MA	
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	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL R MORRIS	
STREET ADDRESS	146 S.W. 53RD ST.	
CITY-ST-ZIP	CAPE CORAL FL.	
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:

Michael R. Morris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 6, 2000 941-542-5800

Date

Daytime Phone #

CR2E034 (9/99)