

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000013097

1. Entity Name

MORROW INVESTMENT GROUP OF JACKSONVILLE, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90004 038 ***150.00

Principal Place of Business

Mailing Address

2545 RED FOX RD
 ORANGE PARK FL 32073-5644

2545 RED FOX RD
 ORANGE PARK FL 32073-5644

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3407800**

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

MORROW, JEFFERSON W
 1301 RIVERPLACE BLVD SUITE 2600
 JACKSONVILLE FL 32207

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	MORROW, MATTHEW E	
STREET ADDRESS	10219 SW 41ST AVE	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MORROW, JOHN L	
STREET ADDRESS	2202 FOXWOOD DR	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORROW, MARTHA	
STREET ADDRESS	2202 FOXWOOD DR	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MORROW, SARA W	
STREET ADDRESS	2549 RED FOX RD	
CITY-ST-ZIP	ORANGE PARK FL 32207	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MORROW, SUSAN S	
STREET ADDRESS	1820 SEMINOLE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORROW, JEFFERSON W	
STREET ADDRESS	1820 SEMINOLE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32205	

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	
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 #

CR2E034 (9/99)