

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 25, 2001 8:00 am**  
**Secretary of State**

05-25-2001 90286 015 \*\*\*150.00

**DOCUMENT # P98000004582**

1. Entity Name

**R.L. MORRIS DEVELOPMENT CORPORATION**

Principal Place of Business

**ONE FIRST LANE  
 ST. AUGUSTINE BEACH FL 32084**

Mailing Address

**ONE FIRST LANE  
 ST. AUGUSTINE BEACH FL 32084**

**660386**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3506877**

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, RALPH L  
 ONE FIRST LANE  
 ST. AUGUSTINE BEACH FL 32084**

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, 2001 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 2001

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MORRIS, RALPH L</b>	
STREET ADDRESS	<b>ONE FIRST LANE</b>	
CITY-ST-ZIP	<b>ST AUGUSTINE BCH FL 32084</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MORRIS, BETTY M</b>	
STREET ADDRESS	<b>ONE FIRST LANE</b>	
CITY-ST-ZIP	<b>ST AUGUSTINE BEACH FL 32084</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>MORRIS, BETTY M</b>	
STREET ADDRESS	<b>ONE FIRST LANE</b>	
CITY-ST-ZIP	<b>ST AUGUSTINE BCH FL 32084</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 in this report or supplemental report is true and accurate and that I, as an officer or director of the corporation or the receiver or trustee empowered to execute this report, have signed and 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 (10/00)