

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90170 015 ***150.00

DOCUMENT # P98000006212

1. Entity Name

MORRIS TIMBER ENTERPRISES, INC.

Principal Place of Business

Mailing Address

4475 HIGHWAY 77
 GRACEVILLE FL 32440

4475 HIGHWAY 77
 GRACEVILLE FL 32440-4557

4475 Hwy. 77 Graceville, FL. 32440

2. Principal Place of Business

3. Mailing Address

4475 Hwy. 77 South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Graceville, Fla.

City & State

Graceville, Fla.

Zip

Country

32440 U.S.

Zip

Country

32440 U.S.

4. FEI Number

59-3487810

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

MORRIS, RUSSELL W
 4475 HIGHWAY 77
 GRACEVILLE FL 32440

Name

Richard L. Morris

Street Address (P.O. Box Number is Not Acceptable)

4475 Hwy. 77 South

City

Graceville

FL

Zip Code

32440

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

Richard L. Morris Richard L. Morris President 1-7-2000

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORRIS, RUSSELL W		NAME	
STREET ADDRESS 4475 HWY 77 SOUTH		STREET ADDRESS	
CITY-ST-ZIP GRACEVILLE FL 32440		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORRIS, RICHARD L		NAME	
STREET ADDRESS 4475 HWY 77 SOUTH		STREET ADDRESS	
CITY-ST-ZIP GRACEVILLE FL 32440		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

Richard L. Morris SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-2000 850-263-0947

CR2E034 (9/99)