

# 2001 UNIFORM-BUSINESS REPORT (UBR)

DOCUMENT # P98000012432

1. Entity Name

BROADWAY REPORTING, INC.

Principal Place of Business

POST OFFICE BOX 163233  
ALTAMONTE SPRINGS FL 32716

Mailing Address

POST OFFICE BOX 163233  
ALTAMONTE SPRINGS FL 32716

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 59-3477655

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MORRIS, TEIR L  
585-275 LITTLE RIVER LOOP  
ALTAMONTE SPRINGS FL 32714

address  
change  
only →

7. Name and Address of New Registered Agent

Name MORRIS, TEIR L.  
Street Address (P.O. Box Number is Not Acceptable)

438 RAYMOND Avenue Drive  
City Longwood FL Zip Code 32750

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 \_\_\_\_\_ (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 ☐ \$5.00 May Be  
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD  
NAME MORRIS, TEIR L  
STREET ADDRESS POST OFFICE BOX 163233  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Delete

TITLE ST  
NAME MURRAY, TONI  
STREET ADDRESS POST OFFICE BOX 163233  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32314 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE MORRIS, TEIR L.  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
Spelling change only

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: Murray T. MURRAY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-2001

Date

407 339 1300

Daytime Phone #

0474143

CR2E034 (10/00)

FILED  
May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90103 029 \*\*\*158.75



DO NOT WRITE IN THIS SPACE