

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039707

1. Entity Name  
MORGAN TRAVEL PLUS, INC.

**FILED**  
**Jul 18, 2000 8:00 am**  
**Secretary of State**

07-18-2000 90015 046 \*\*\*150.00

Principal Place of Business

5108 15TH ST. EAST  
BRADENTON FL 34203

Mailing Address

5108 15TH ST. EAST  
BRADENTON FL 34203

2. Principal Place of Business

Suite, Apt. #, etc.

SUITE 101

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

SUITE 101

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0839890

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORGAN, EARL  
5036 PERIDIA BLVD E  
BRADENTON FL 34203

7. Name and Address of New Registered Agent

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE D ☐ Delete  
NAME MORGAN, EARL  
STREET ADDRESS 5036 PERIDIA BLVD E  
CITY-ST-ZIP BRADENTON FL 34203

TITLE D ☐ Delete  
NAME MORGAN, ANDREA  
STREET ADDRESS 5036 PERIDIA BLVD E  
CITY-ST-ZIP BRADENTON FL 34203

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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:

*Earl D. Morgan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/00 941-756-6809  
Date Daytime Phone #

CR2E034 (5/00)