

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90009 008 ***150.00

DOCUMENT # P98000103638

1. Entity Name
MORTON MANAGEMENT, INC.

Principal Place of Business

**4123 NEPTUNE ROAD
ST. CLOUD FL 34769**

Mailing Address

**4123 NEPTUNE ROAD
ST. CLOUD FL 34769**

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 **59-3545984**

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

**MORTON, ROGER
3183 S. BERMUDA AVENUE
KISSIMMEE FL 34741**

Name

Morton, Roger

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

5255 Mill Stream Drive

City

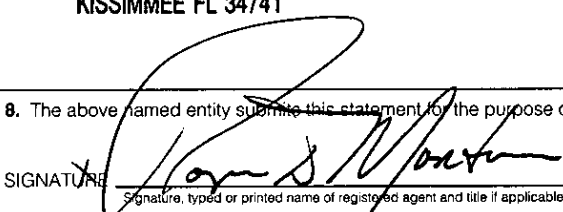
St. Cloud, FL

FL

Zip Code

34771

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 

Roger W. Morton 4-11-01

(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 11

TITLE **D** ☐ Delete
NAME **MORTON, ROGER**
STREET ADDRESS **3183 S. BERMUDA AVENUE**
CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE **D** ☒ Change ☐ Addition
NAME **Morton, Roger**
STREET ADDRESS **5255 Mill Stream Drive**
CITY-ST-ZIP **St. Cloud, FL 34771**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Secretary/Treasurer**
NAME **Morton, Alice**
STREET ADDRESS **5255 Mill Stream Drive**
CITY-ST-ZIP **St. Cloud, FL 34771**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Vice-President**
NAME **Morton, Angela**
STREET ADDRESS **2815 Burwood**
CITY-ST-ZIP **Orlando, FL 32837**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roger W. Morton

4-11-01

407-892-7878

Date

Daytime Phone #

CR2E034 (10/00)