

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013991

1. Entity Name

MORSE AVENUE DEVELOPMENT, INC.

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

05-18-2000 90377 022 ***150.00

Principal Place of Business

Mailing Address

4540 SOUTHSIDE BLVD., STE. 302
JACKSONVILLE FL 32216

4540 SOUTHSIDE BLVD., STE. 302
JACKSONVILLE FL 32216-5488

2. Principal Place of Business

9551 Baymeadows Road

3. Mailing Address

9551 Baymeadows Road

Suite, Apt. #, etc.

Suite 4

Suite, Apt. #, etc.

Suite 4

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3562852

Applied For

Not Applicable

Zip

32256

Country

Zip

32256

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

HURST, CHRISTOPHER J
4540 SOUTHSIDE BLVD., STE. 302
JACKSONVILLE FL 32216

Name

STOKES, E. CHESTER, JR.

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

9551 BAYMEADOWS ROAD, SUITE 4

City

JACKSONVILLE

FL

Zip Code

32256

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

E. Chester Stokes, Jr.
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/17/00

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

TITLE ☒ Delete
NAME D
STREET ADDRESS HURST, CHRISTOPHER J
CITY-ST-ZIP 4540 SOUTHSIDE BLVD., STE. 302
JACKSONVILLE FL 32216

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME DP
STREET ADDRESS STOKES, E. CHESTER, JR.
CITY-ST-ZIP 9551 BAYMEADOWS ROAD, SUITE 4
JACKSONVILLE, FL 32256

TITLE ☐ Change ☒ Addition
NAME DV
STREET ADDRESS PUTNAL, JAMES E.
CITY-ST-ZIP 9551 BAYMEADOWS ROAD, SUITE 4
JACKSONVILLE, FL 32256

TITLE ☐ Change ☒ Addition
NAME V
STREET ADDRESS BRAREN, MICHAEL E.
CITY-ST-ZIP 9551 BAYMEADOWS ROAD, SUITE 4
JACKSONVILLE, FL 32256

TITLE ☐ Change ☒ Addition
NAME V
STREET ADDRESS WALLACE, L. DENISE
CITY-ST-ZIP 9551 BAYMEADOWS ROAD, SUITE 4
JACKSONVILLE, FL 32256

TITLE ☐ Change ☒ Addition
NAME VT
STREET ADDRESS FREDENHAGEN, SHARON W.
CITY-ST-ZIP 9551 BAYMEADOWS ROAD, SUITE 4
JACKSONVILLE, FL 32256

TITLE ☐ Change ☒ Addition
NAME S
STREET ADDRESS HICE, SHERRY
CITY-ST-ZIP 9551 BAYMEADOWS ROAD, SUITE 4
JACKSONVILLE, FL 32256

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:

Sherry Hice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sherry Hice, Secretary

3/17/00

904/739-2249

Date

Daytime Phone #

CR2E034 (9/99)