

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028210

1. Entity Name

MORRIS CONSOLIDATED ENTERPRISES, INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90398 001 \*\*\*150.00

04-26-2000 90398 002 \*\*\*\*\*8.75

Principal Place of Business

Mailing Address

616 SPANISH MAIN DR.  
SUMMERLAND KEY FL 33042

616 SPANISH MAIN DR.  
SUMMERLAND KEY FL 33042-4310

2. Principal Place of Business

Rt 2 Box 9087

Suite, Apt. #, etc.

3. Mailing Address

Rt 2 Box 9087

Suite, Apt. #, etc.

City & State

Ft. White FL

City & State

Ft. White FL

Zip

32038

Country

USA

Zip

32038

Country

USA

4. FEI Number

05-0926196

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MORRIS, FRED F  
616 SPANISH MAIN DRIVE  
SUMMERLAND KEY FL 33042

7. Name and Address of New Registered Agent

Name

Morris, Fred F

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

Rt 2 Box 9087

City

Ft. White

FL

Zip Code

32038

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

*Fred F Morris, Jr.* PD Fred F. Morris, Jr.

04/18/2000

(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

TITLE PD  
NAME MORRIS, FRED F JR.  
STREET ADDRESS 616 SPANISH MAIN DR.  
CITY-ST-ZIP SUMMERLAND KEY FL 33042

☐ Delete

TITLE SD  
NAME MORRIS, TERESA A  
STREET ADDRESS 616 SPANISH MAIN DR.  
CITY-ST-ZIP SUMMERLAND KEY FL 33042

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 PD  
NAME MORRIS, FRED F. JR.  
STREET ADDRESS Rt 2 Box 9087  
CITY-ST-ZIP Ft White, FL 32038

☒ Change  
address

☐ Addition

TITLE SD  
NAME MORRIS, TERESA A  
STREET ADDRESS Rt 2 Box 9087  
CITY-ST-ZIP Ft White, FL 32038

☒ Change  
address

☐ 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:

*Fred F Morris, Jr.* PD

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

04/18/2000

Date

1-800-264-9082

Daytime Phone #

CR2E034 (9/99)