

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V08628

1. Entity Name

MORRIS FAMILY CORPORATION

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90004 035 \*\*\*150.00

Principal Place of Business

Mailing Address

3408 INVERNESS DR  
CHEVY CHASE MD 20815-5623  
US

3408 INVERNESS DR  
CHEVY CHASE MD 20815-5623  
US

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

65-0315846

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

MORRIS, DAVID A  
2245 ANESBURY CT  
WELLINGTON FL 33414

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 \$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 MORRIS, DWIGHT M  
CITY-ST-ZIP 1721 ALLARD RD.  
CHAPEL HILL NC 27514

TITLE ☒ Change ☐ Addition  
NAME MORRIS, DWIGHT A  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME PTD  
STREET ADDRESS MORRIS, ROBERT  
CITY-ST-ZIP 3408 INVERNESS DRIVE  
CHEVY CHASE MD 20815

TITLE ☒ Change ☐ Addition  
NAME MORRIS, ROBERT A.  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME SD  
STREET ADDRESS GEORGE, DEBORAH M  
CITY-ST-ZIP 4182 OAKWOOD DR.  
WILLIAMSVILLE NY 14221

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

TITLE ☐ Delete  
NAME VSD  
STREET ADDRESS MORRIS, DAVID A  
CITY-ST-ZIP 2245 ANESBURY CT  
WELLINGTON FL 33414

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:

*Robert A. Morris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT A. MORRIS

4/10/2000 (301) 215-4676  
Date Daytime Phone #

CR2E034 (9/99)