

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 FEB -1 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UNIFORM BUSINESS REPORT

DOCUMENT # **A28480**

1. Entity Name

MOORE HAVEN COMMONS, LTD.

Principal Place of Business

**5505 N. ATLANTIC AVENUE
COCOA BEACH FL 32931**

Mailing Address

**5505 N. ATLANTIC AVENUE
COCOA BEACH FL 32931**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

59-2950806

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCPHILLIPS, JACQUELINE
5505 N. ATLANTIC AVENUE
COCOA BEACH FL 32931**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.

\$1,500.00

10. Amount of Capital Contributions in FLORIDA to date.

1,500.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME **DEHARDER, ROBERT**
STREET ADDRESS **5505 N. ATLANTIC AVENUE**
CITY-ST-ZIP **COCOA BEACH FL 32931**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME **MCPHILLIPS, FRANCIS**
STREET ADDRESS **5505 N. ATLANTIC AVENUE**
CITY-ST-ZIP **COCOA BEACH FL 32931**

STREET ADDRESS **400004890414--4**
CITY-ST-ZIP **-02/07/02--01055--015**
*****150.00 ***150.00**

DOCUMENT #
NAME **FRAZIER, JOHN**
STREET ADDRESS **5505 N. ATLANTIC AVENUE**
CITY-ST-ZIP **COCOA BEACH FL 32931**

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Michael McPhillips **Michael McPhillips** 1/25/02 321-799-4890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE