

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2000 8:00 am**  
**Secretary of State**

04-29-2000 90013 016 \*\*\*150.00

**DOCUMENT # G13558**

1. Entity Name

**JIM MORAN & ASSOCIATES, INC.**

Principal Place of Business

100 NORTHWEST 12TH AVENUE  
 C/O TAX DEPARTMENT  
 DEERFIELD BEACH FL 33442  
 US

Mailing Address

111 NW 12TH AVE  
 DEERFIELD BEACH FL 33442-1701  
 US

2. Principal Place of Business

100 NW 12 AVENUE  
 Suite, Apt. #, etc.

3. Mailing Address

111 NW 12th AVE  
 LEGAL Dept JMF/FOB  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State <b>DEERFIELD BEACH FL</b>		City & State <b>DEERFIELD BEACH FL</b>		4. FEI Number <b>59-2237692</b>	Applied For <input type="checkbox"/>
Zip <b>33442</b>	Country <b>USA</b>	Zip <b>33442</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>D/P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BROWN, COLIN W</b>		NAME <b>FEAGLES, LOUIS R</b>	
STREET ADDRESS <b>100 NW 12TH AVE</b>		STREET ADDRESS <b>100 NW 12 AVENUE</b>	
CITY-ST-ZIP <b>DEERFIELD BEACH FL</b>		CITY-ST-ZIP <b>DEERFIELD BEACH FL 33442</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <b>D/VP/AT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BRADLEY, EDWARD F</b>		NAME <b>McWilliams, Donna C.</b>	
STREET ADDRESS <b>100 NW 12TH AVE</b>		STREET ADDRESS <b>100 NW 12 AVENUE</b>	
CITY-ST-ZIP <b>DEERFIELD FL 33442</b>		CITY-ST-ZIP <b>DEERFIELD BEACH FL 33442</b>	
TITLE <b>V</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>3</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>HAYES, C. STEVEN</b>		NAME <b>WHELAN, John J.</b>	
STREET ADDRESS <b>100 N.W. 12TH AVE.</b>		STREET ADDRESS <b>100 NW 12TH AVENUE</b>	
CITY-ST-ZIP <b>DEERFIELD BEACH FL</b>		CITY-ST-ZIP <b>DEERFIELD BEACH FL 33442</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>AU/PTAS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MORAN, PATRICIA</b>		NAME <b>GUTTUSO, MARIA K</b>	
STREET ADDRESS <b>100 N.W. 12TH AVE.</b>		STREET ADDRESS <b>100 NW 12TH AVENUE</b>	
CITY-ST-ZIP <b>DEERFIELD BEACH FL</b>		CITY-ST-ZIP <b>DEERFIELD BEACH FL 33442</b>	
TITLE <b>AVP</b>	<input type="checkbox"/> Delete	TITLE <b>D/G/VP/AT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CURRAN, WILLIAM</b>		NAME <b>CURRAN, WILLIAM F.</b>	
STREET ADDRESS <b>100 NW 12TH AVE</b>		STREET ADDRESS <b>100 NW 12TH AVENUE</b>	
CITY-ST-ZIP <b>DEERFIELD BEACH FL</b>		CITY-ST-ZIP <b>DEERFIELD BEACH FL 33442</b>	
TITLE <b>DP</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CZUBAY, KENNETH M</b>		NAME	
STREET ADDRESS <b>100 NW 12TH AVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>DEERFIELD BEACH FL 33442</b>		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: John J. Whelan SECRETARY DATE: 04/17/00 DAYTIME PHONE #: 954-429-2000

CR2E034 (9/99)