

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 320927**

1. Entity Name

MOORE'S STONE CRAB RESTAURANT AND MARINA, INC.**FILED**
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90018 012 ***150.00

Principal Place of Business

**800 BROADWAY
LONGBOAT KEY FL 34228**

Mailing Address

**P.O. BOX 1081
LONGBOAT FL 34228-0881**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0375575**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

7. Name and Address of New Registered Agent

**HICKS, LYNDIA D
5302 36TH AV. DR. W.
BRADENTON FL 34209**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDM
MOORE, ALAN L
4536 60TH ST. CT. W.
BRADENTON FL 34210** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VDM
MOORE, PAUL T
2007 YALE AVE
BRADENTON FL 34207** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VDM
HICKS, ROBERT J
5302 36TH AV DR. W.
BRADENTON FL 34209** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TS
HICKS, LYNDIA D
5302 36TH AV DR. W.
BRADENTON FL 34209** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-11-2000

Date

941-383-1748

Daytime Phone #