

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 543907

1. Entity Name

VAN-MOR ENTERPRISE, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90128 001 ***150.00

C0038350



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1007 S.W. 17TH STREET
P.O. BOX 244
OCALA FL 34478
US

Mailing Address

1007 S.W. 17TH STREET
P.O. BOX 244
OCALA FL 34478-0244
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1773581

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

MOORE, GARY
5435 SW 20TH ST
OCALA, FL
34474

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DP	MOORE, GARY	5435 SW 20TH ST	OCALA, FL 00000	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	MOORE, MARCIA	5435 SW 20TH ST	OCALA, FL 00000 34474	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
C	MOORE, MARCIA	5435 SW 20TH ST	OCALA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	MOORE, LAURA	1818 SW 29TH STREET	OCALA FL 34474	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

Marcia Moore MARCIA MOORE

3-13-00 352 732-8524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)