

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 591797

1. Entity Name

R.C. MOORE, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90233 049 \*\*\*150.00

Principal Place of Business

NINE WILDROSE LANE  
SCARBOROUGH ME 04074

Mailing Address

P.O. BOX 1210  
SCARBOROUGH ME 04070  
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 01-0278035

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, L.E.  
1029 W. MAGNOLIA ST  
LEESBURG FL 32748

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

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, 2001 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 PD ☐ Delete  
NAME MOORE, RICHARD C  
STREET ADDRESS 9 WILDROSE LANE  
CITY-ST-ZIP SCARBOROUGH ME

TITLE STD ☐ Delete  
NAME MOORE, DIANNE  
STREET ADDRESS 9 WILDROSE LANE  
CITY-ST-ZIP SCARBOROUGH ME

TITLE D ☐ Delete  
NAME COHEN, SAMUEL G  
STREET ADDRESS MAIN ST P.O. BOX 366 N/A  
CITY-ST-ZIP WALDOBORO ME

TITLE VICE President ☐ Delete  
NAME KELLY Moore  
STREET ADDRESS P.O. Box 1210  
CITY-ST-ZIP SCARBOROUGH, ME 04074

TITLE VICE President ☐ Delete  
NAME SHAWN Moore  
STREET ADDRESS 30 Horseshoe Drive  
CITY-ST-ZIP SCARBOROUGH, ME 04074

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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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:

*Shawn R. Moore*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-01 (207) 883-5184  
Date Daytime Phone #

CR2E034 (10/00)