

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759626

1. Entity Name

THE MOORINGS OF PERDIDO KEY, INC.

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90115 006 \*\*\*\*61.25

Principal Place of Business

Mailing Address

14407 PERDIDO KEY DR #2B  
PENSACOLA FL 32507

14407 PERDIDO KEY DR #2B  
PENSACOLA FL 32507-9550

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

58-1692783

Applied For

Not Applicable

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

DOMURAT, R. F.  
THE MOORINGS, UNIT 2B  
14407 PERDIDO KEY DRIVE  
PENSACOLA FL 32507-9550

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME THOMSON, MARY BETH  
STREET ADDRESS 305 MAIN STREET  
CITY-ST-ZIP FRANKLIN LA 79538

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

TITLE VASD ☐ Delete  
NAME MCCracken, JOHN B.  
STREET ADDRESS 1411 BONITA AVENUE  
CITY-ST-ZIP BREWTON AL 36426

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

TITLE SD ☐ Delete  
NAME DOMURAT, RICHARD F.  
STREET ADDRESS UNIT 2B, 14407 PERDIDO KEY DRIVE  
CITY-ST-ZIP PENSACOLA FL 32507-9550

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

TITLE TD ☐ Delete  
NAME DOMURAT, TERESA CLAIRE  
STREET ADDRESS 14407 PERDIDO KEY DR., UNIT 2B  
CITY-ST-ZIP PENSACOLA FL 32507-9550

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Teresa C. Domurat*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/00 850 492 9940

CR2E037 (9/99)