

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 07, 2003 8:00 am
Secretary of State

01-07-2003 90015 004 ***61.25

DOCUMENT # 759626

1. Entity Name
THE MOORINGS OF PERDIDO KEY, INC.



Principal Place of Business

**14407 PERDIDO KEY DR #2B
PENSACOLA FL 32507**

Mailing Address

**14407 PERDIDO KEY DR #2B
PENSACOLA FL 32507**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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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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 CLAIRE DOMURAT** **Treas** **1/7/03** **850 492 9940**

CR2E037 (10/02)