

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 824162

1. Entity Name

MOORE GROUP, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90246 041 ***150.00

Principal Place of Business

1300 PARKWOOD CIRCLE
PO BOX 105091
ATLANTA GA 30348

Mailing Address

1300 PARKWOOD CIRCLE
PO BOX 105091
ATLANTA GA 30348-5091

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1080659

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

KILBURN, JIM
3507 FRONTAGE RD #300
TAMPA FL 33607

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 C ☐ Delete
NAME KRAUSE, MICHAEL D.
STREET ADDRESS 1300 PARKWOOD CIR
CITY-ST-ZIP ATLANTA GA

TITLE AVT ☐ Delete
NAME BROOKS, J. T
STREET ADDRESS 1300 PARKWOOD CIR
CITY-ST-ZIP ATLANTA GA

TITLE SDV ☐ Delete
NAME NEFF, THOMAS S
STREET ADDRESS 1300 PARKWOOD CIR
CITY-ST-ZIP ATLANTA GA

TITLE V ☐ Delete
NAME WASHBURNE, MAURICE F
STREET ADDRESS 1300 PARKWOOD CIR
CITY-ST-ZIP ATLANTA GA

TITLE VSD ☐ Delete
NAME HORRELL, KAREN H
STREET ADDRESS 1 E 4TH ST
CITY-ST-ZIP CINCINNATI OH

TITLE P ☐ Delete
NAME STEVENS, EDWARD B
STREET ADDRESS 1300 PARKWOOD CIR
CITY-ST-ZIP ATLANTA GA

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00

Date

770-951-5599

Daytime Phone #