

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90183 013 \*\*\*150.00

**DOCUMENT # 824162**

1. Entity Name

**MOORE GROUP, INC.**

Principal Place of Business

**1300 PARKWOOD CIRCLE--  
PO BOX 105091  
ATLANTA GA 30348**

Mailing Address

**1300 PARKWOOD CIRCLE--  
PO BOX 105091  
ATLANTA GA 30348**

2. Principal Place of Business

**11700 Great Oaks Way**

3. Mailing Address

**P.O. Box 105091**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Alpharetta, GA 30022**

City & State

**Atlanta, GA 30348**

Zip

Country

**USA**

Zip

Country

4. FEI Number

**58-1080659**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**KILBURN, JIM  
3507 FRONTAGE RD #300  
TAMPA FL 33607**

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	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>KRAUSE, MICHAEL D.</b>	
STREET ADDRESS	<b>1300 PARKWOOD CIR</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	<b>AVT</b>	<input type="checkbox"/> Delete
NAME	<b>BROOKS, J. T</b>	
STREET ADDRESS	<b>1300 PARKWOOD CIR</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	<b>SDV</b>	<input type="checkbox"/> Delete
NAME	<b>NEFF, THOMAS S</b>	
STREET ADDRESS	<b>1300 PARKWOOD CIR</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>WASHBURNE, MAURICE F</b>	
STREET ADDRESS	<b>1300 PARKWOOD CIR</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> Delete
NAME	<b>HORRELL, KAREN H</b>	
STREET ADDRESS	<b>1 E 4TH ST</b>	
CITY-ST-ZIP	<b>CINCINNATI OH</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>STEVENS, EDWARD B</b>	
STREET ADDRESS	<b>1300 PARKWOOD CIR</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>11700 Great Oaks Way</b>	
CITY-ST-ZIP	<b>Alpharetta, GA 30022</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>"</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>"</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>"</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>11700 Great Oaks Way</b>	
STREET ADDRESS	<b>Alpharetta, GA 30022</b>	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)