

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000585**

1. Entity Name

**CLINT MOORE UNITED LTD.**

FILED

00 FEB -4 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
222 LAKEVIEW AVE., SUITE 800  
WEST PALM BEACH FL 33401

Mailing Address  
222 LAKEVIEW AVE., SUITE 800  
WEST PALM BEACH FL 33401-6148

2. Principal Place of Business

**7777 Glades Rd.**

Suite, Apt. #, etc.

**201**

City & State

**Boca Raton, Fl.**

Zip

**33434**

Country

**USA**

3. Mailing Address

**7777 Glades Rd.**

Suite, Apt. #, etc.

**201**

City & State

**Boca Raton, Fl.**

Zip

**33434**

Country

**USA**

4. FEI Number

**65-0925151**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ROSEN, MARVIN**

**222 LAKEVIEW AVE., SUITE 800**

**WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name

**Melissa Crowe**

Street Address (P.O. Box Number is Not Acceptable)

**7777 Glades Rd. 201**

City

**Boca Raton,**

**FL**

Zip Code

**33434**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/31/00**

9. Capital Contributions  
as Shown on record.

**\$100.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P99000032727**  
NAME **MAPLE GENERAL, INC.**  
STREET ADDRESS **222 LAKEVIEW AVE., SUITE 800**  
CITY - ST - ZIP **WEST PALM BEACH FL 33401**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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**8000003128168-8**  
**-02/08/00--01120--014**  
**\*\*\*\*141.25 \*\*\*\*141.25**

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**(561) 483-2330**

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

**JEFFREY L. Schmier** **1/20/00**

Date

Daytime Phone #