

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93159

1. Entity Name

NEBLETT AND SAUER, P.A.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90080 034 ***150.00

Principal Place of Business

% JOHN N MOORE, III
3600 NORTH ROOSEVELT BLVD.
KEY WEST FL 33040

Mailing Address

% JOHN N MOORE, III
3600 NORTH ROOSEVELT BLVD.
KEY WEST FL 33040-4226

2. Principal Place of Business

1448 KENNEDY DRIVE
Suite, Apt. #, etc.

3. Mailing Address

1448 KENNEDY DRIVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

KEY WEST, FL

City & State

KEY WEST, FL

4. FEI Number

59-2212557

Applied For

Not Applicable

Zip
33040

Country
FL

Zip
33040

Country
FL

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

MOORE, JOHN N., III
3600 NORTH ROOSEVELT BLVD.
KEY WEST FL 33040

Name

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

1448 KENNEDY DRIVE

City

KEY WEST

FL

Zip Code

33040

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 NAME STREET ADDRESS CITY-ST-ZIP	DP MOORE, JOHN N, III 3600 N ROOSEVELT BLVD KEY WEST, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCARTHY, ERIC 617 WHITEHEAD STREET KEY WEST FL 33040	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1448 KENNEDY DRIVE 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

JOHN MOORE, III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/20/00 (305) 294-1078

Daytime Phone #

CR2E034 (9/99)