

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G66531

1. Entity Name

MOSS, HENDERSON, BLANTON & LANIER, P.A.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90147 039 ***150.00

Principal Place of Business

Mailing Address

% GEORGE H. MOSS, II
817 BEACHLAND BLVD.
VERO BEACH FL 32963

% GEORGE H. MOSS, II
817 BEACHLAND BLVD.
VERO BEACH FL 32963-1606



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2334195**

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

MOSS, GEORGE H., II
817 BEACHLAND BLVD.
VERO BCH. FL 32963

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 ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MOSS II, GEORGE H	
STREET ADDRESS	817 BEACHLAND BLVD	
CITY-ST-ZIP	VERO BCH, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LANIER, CLINTON W	
STREET ADDRESS	817 BEACHLAND BLVD.	
CITY-ST-ZIP	VERO BCH. FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HENDERSON, STEVEN L.	
STREET ADDRESS	817 BEACHLAND BLVD.	
CITY-ST-ZIP	VERO BCH. FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLANTON, ROBIN A.	
STREET ADDRESS	817 BEACHLAND BLVD.	
CITY-ST-ZIP	VERO BCH. FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEVONMILLE, OLIVIA	
STREET ADDRESS	817 BEACHLAND BLVD	
CITY-ST-ZIP	VERO BCH. FL 3296	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Kretschmer, Fred	
STREET ADDRESS	817 Beachland Blvd.	
CITY-ST-ZIP	VERO BCH, FL 32963	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kretschmer, Fred L.	
STREET ADDRESS	817 Beachland Blvd.	
CITY-ST-ZIP	VERO Beach, FL 32963	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURPHY, LEWIS W.	
STREET ADDRESS	817 Beachland Blvd.	
CITY-ST-ZIP	VERO Beach, FL 32963	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

George H. Moss II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 18, 2000
Date

561-231-1900
Daytime Phone #

CR2E034 (9/99)