

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90037 024 \*\*\*158.75

**DOCUMENT #** H57888 **H57888**

**1. Entity Name**  
 JO MOORE REALTY, INC.  
 4002 Confederate Point Road  
 Jacksonville, Fl. 32210

**Principal Place of Business**      **Mailing Address**

4002 Confederate Point Road  
 Jacksonville, Fl. 32210

**720206**

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 4002 Confederate Point Road Suite, Apt. #, etc.		<b>3. Mailing Address</b> 10383 Bigtree Circle East Suite, Apt. #, etc.	
<b>City &amp; State</b> Jacksonville, Fl. 32210	<b>City &amp; State</b> Jacksonville, Fl.	<b>4. FEI Number</b> 59-2600984	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>Zip</b> 32210	<b>Country</b> Duval	<b>Zip</b> 32257	<b>Country</b> Duval
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
		Name	
		Street Address (P.O. Box Number is Not Acceptable) 3030 Hartley Road, Suite # 150	
		City <b>Jacksonville</b> <b>FL</b> <b>Zip Code</b> 32257	

**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** Richard C. Peper Jr.      **DATE** 4-19-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  **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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Iris Jo Moore 4002 Confederate Point Road Jacksonville, Fl. 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE 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:** Iris Jo Moore, Pres.      **DATE** 4-19-00      **Daytime Phone #** 904-293-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)