

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H92451

1. Entity Name

G. MOORE ENTERPRISES, INC.

Principal Place of Business

6200 9TH ST NO  
ST. PETERSBURG FL 33702  
US

Mailing Address

6200 9TH ST NO  
ST. PETERSBURG FL 33702-6620  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRYAN, W.E.  
222 N. BELCHER ROAD  
CLEARWATER FL 34625

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 Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MOORE, GARY R.	
STREET ADDRESS	11375-60TH ST.,N.	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MOORE, NANCY JO	
STREET ADDRESS	11375-60TH ST.,N.	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MOORE, JEFFREY D.	
STREET ADDRESS	11375-60TH ST N	
CITY-ST-ZIP	PINELLAS PK FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MOORE, STEVE B	
STREET ADDRESS	11375 60 ST N	
CITY-ST-ZIP	PINELLAS PK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
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:

*Gary R. Moore*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jan 18, 2000 8:00 am  
Secretary of State

01-18-2000 90015 030 \*\*\*150.00

600621



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2618299

Applied For Not

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**