

2000 UNIFORM BUSINESS REPORT (UBR)

0580947

DOCUMENT # H95361

1. Entity Name

MOODY ASSOCIATES, INC.

FILED

00 APR 18 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

COUNTRY ROAD 26
ELLAVILLE GA 31806-0606
US

P.O. BOX 606
ELLAVILLE GA 31806-0606
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2626169

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

Name change: Carolyn M. Murphey

Name

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

City

FL

Zip Code

33722

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 STD
NAME SHAFER, CAROLYN M. ☐ Delete
STREET ADDRESS 4440 PINE ISLAND ROAD
CITY-ST-ZIP MATLACHA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 7490 Tropic Lane
CITY-ST-ZIP BOKEELIA, FL 33922

TITLE VD ☐ Delete
NAME KATTELLE, LEE
STREET ADDRESS 6980 COUNTY RD., 78 WEST
CITY-ST-ZIP ALVA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 265 Morton Lane
CITY-ST-ZIP Winter Springs, FL 32708

TITLE PD ☐ Delete
NAME ADAMS, LINDA M
STREET ADDRESS P.O. BOX 606
CITY-ST-ZIP ELLAVILLE FA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200003213782--8
CITY-ST-ZIP -04/18/00--01006--002
****575.25 ****150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-31-00

912-937-5708

Date Daytime Phone

CR2E034 (9/99)