

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2002 8:00 am
Secretary of State

08-14-2002 90025 027 ***550.00

DOCUMENT # K00343

1. Entity Name
MOORES FAMILY FUND, INC.

Principal Place of Business

C/O WILLIE J. HAYWOOD
 4235 N.W. 201ST STREET
 CAROL CITY FL 33055

Mailing Address

C/O WILLIE J. HAYWOOD
 4235 N.W. 201ST STREET
 CAROL CITY FL 33055



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

NOT APPLICABLE

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

HAYWOOD, WILLIE J.
4235 N.W. 201ST STREET
CAROL CITY FL 33055

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 PD
 NAME HAYWOOD, WILLIE J.
 STREET ADDRESS 4235 N.W. 201ST ST.
 CITY-ST-ZIP CAROL CITY FL

☒ Delete

TITLE PD
 NAME MOORE, JIMMIE LEE
 STREET ADDRESS 4235 N.W. 201ST ST.
 CITY-ST-ZIP CAROL CITY, FLA 33055

☒ Change ☐ Addition

TITLE VD
 NAME MOORE, JIMMIE LEE
 STREET ADDRESS 4235 N.W. 201ST ST.
 CITY-ST-ZIP CAROL CITY FL

☒ Delete

TITLE VD
 NAME GOODMAN, KATHERINE
 STREET ADDRESS 4235 N.W. 201ST ST.
 CITY-ST-ZIP CAROL CITY, FLA 33055

☐ Change ☒ Addition

TITLE TD
 NAME HAYWOOD, CLEOLA
 STREET ADDRESS 4235 N.W. 201ST ST.
 CITY-ST-ZIP CAROL CITY FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
 NAME THOMPkins, PATRICIA
 STREET ADDRESS 4235 N.W. 201ST ST.
 CITY-ST-ZIP CAROL CITY FL

☒ Delete

TITLE S
 NAME UDELL, MIRIAM
 STREET ADDRESS 4235 N.W. 201ST ST.
 CITY-ST-ZIP CAROL CITY, FLA 33055

☒ Change ☐ Addition

TITLE S
 NAME HAYWOOD, ELLEN (ASST)
 STREET ADDRESS 4235 N.W. 201ST ST.
 CITY-ST-ZIP CAROL CITY FL

☒ Delete

TITLE S
 NAME WILLIS, ESTHER (ASST)
 STREET ADDRESS 4235 N.W. 201ST ST.
 CITY-ST-ZIP CAROL CITY, FLA 33055

☒ Change ☐ Addition

TITLE T
 NAME WISE, DEBORAH (ASST)
 STREET ADDRESS 4235 N.W. 201ST ST.
 CITY-ST-ZIP CAROL CITY FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)