

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

02-05-2002 90059 006 ****50.00

DOCUMENT # L01000001999

1. Entity Name

MANDY MOORE TOURING, LLC

Principal Place of Business

~~692 NORTH LONGVIEW PLACE~~
LONGWOOD FL 32779

Mailing Address

~~692 NORTH LONGVIEW PLACE~~
LONGWOOD FL 32779

2. Principal Place of Business

3196 DEER CHASE RUN

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 915665

Suite, Apt. #, etc.

City & State

Longwood Florida

City & State

Longwood Florida

4. FEI Number

22-3662580

Applied For

Not Applicable

Zip

32779

Country

USA

Zip

32779

Country

USA5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

~~KIRSNER, MARVIN A~~
~~2255 GLADES ROAD~~
~~SUITE 418A~~
~~BOCA RATON FL 33431~~

7. Name and Address of New Registered Agent

Name

DON L. MOORE

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

3196 DEER CHASE RUN

City

Longwood

FL

Zip Code

32779

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MOORE, DON CUSTODI	
STREET ADDRESS	692 NORTH LONGVIEW PLACE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3196 DEER CHASE RUN	
CITY-ST-ZIP	Longwood Florida 32779	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE REQUIRED MOORE

Date

1/30/02

Daytime Phone #

(407)375-6647

CR2E083 (9/01)