

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L17026

1. Entity Name

MOSES CREEK ESTATES DEVELOPERS, INC.

**FILED**  
**Feb 10, 2000 8:00 am**  
**Secretary of State**

02-10-2000 90022 010 \*\*\*150.00

Principal Place of Business

Mailing Address

480 VAILL POINT RD.  
ST. AUGUSTINE FL 32086

480 VAILL POINT RD.  
ST. AUGUSTINE FL 32086-6804

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2977161

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

WHITEMAN, JOHN L.  
81 KING STREET, SUITE A  
ST. AUGUSTINE FL

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MIGLIACCIO, THOMAS	
STREET ADDRESS	265 S MATANZAS BLVD	
CITY-ST-ZIP	ST. AUGUSTINE, F L	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	LEOTTA, BENEDICT	
STREET ADDRESS	480 VAILL POINT ROAD	
CITY-ST-ZIP	ST. AUGUSTINE, F L	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DE LORENZO, ARNOLD	
STREET ADDRESS	20 OCEAN WAY	
CITY-ST-ZIP	ST. AUGUSTINE, F L	
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"/> 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	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 the empowered.

SIGNATURE:

*Benedict Leotta*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BENEDICT LEOTTA

Date

2/2/2000

Daytime Phone #

904-797-2203

CR2E034 (9/99)