

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L52891

1. Entity Name

CHECKERBOARD SQUARE, INC.

FILED

Jan 18, 2000 8:00 am  
Secretary of State

01-18-2000 90003 001 \*\*\*158.75

Principal Place of Business

Mailing Address

PO BOX 8928  
PORT ST LUCIE FL 34985

PO BOX 8928  
PORT ST LUCIE FL 34985-8928

00001550

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0173241

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

Connected 7. Name and Address of New Registered Agent

MOORMAN, CLAUDE T III  
8241 S US #1  
PORT ST LUCIE FL 34952

Name Claude T. Moorman II  
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. CORRECTIONS/CONDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
NAME BISHOP, CONNIE E.  
STREET ADDRESS 8241 SOUTH US #1  
CITY-ST-ZIP PORT ST. LUCIE FL

TITLE D/P/S  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME MOORMAN, CLAUDE T., M.D.  
STREET ADDRESS 8241 SOUTH US #1  
CITY-ST-ZIP PORT ST. LUCIE FL

TITLE D/V/T  
NAME Claude T. Moorman II M.D.  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: Claude T. Moorman II Claude T. Moorman II 561-344-6414  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 7 Jan 2000 Daytime Phone #