

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90019 001 ***150.00

DOCUMENT # L77107

1. Entity Name

GWYNN, MOORE & ASSOCIATES, INC.

Principal Place of Business

C/O CHARLES B. GWYNN
 161 NE 5TH AVE.
 DELRAY BEACH FL 33483

Mailing Address

C/O JOSEPH P MOORE
 161A NE 5TH AVE
 DELRAY BEACH FL 33483
 US

713580



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

101 SE 6th AVENUE

3. Mailing Address

101 SE 6th AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DeLray Beach, FL

City & State

DeLray Beach, FL

Zip

33483

Country

USA

Zip

33483

Country

USA

4. FEI Number

65-0199595

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, JOSEPH P
161A NE 5TH AVE
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name **MOORE, Joseph P.**

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

101 SE 6th AVENUE, SU.F

City

DeLray Beach

FL

Zip Code

33483

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

Joseph P. Moore

JOSEPH P. MOORE

1-19-2001

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, 2001 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

TITLE	PDT	<input type="checkbox"/> Delete
NAME	MOORE, JOSEPH P	
STREET ADDRESS	17680 OAKWOOD AVE	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	MOORE, KELLEY	
STREET ADDRESS	17680 OAKWOOD AVE	
CITY-ST-ZIP	BOCA RATON FL 33487	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWIN L. MOORE, JR.	
STREET ADDRESS	1726 GRAY ROAD	
CITY-ST-ZIP	CHATTANOOGA, TN 37421	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATTI FAY MOORE	
STREET ADDRESS	1726 GRAY ROAD	
CITY-ST-ZIP	CHATTANOOGA, TN 37421	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWIN L. MOORE, III	
STREET ADDRESS	15547 W. 81st STREET	
CITY-ST-ZIP	LENEXA, KS 66219	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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:

Joseph P. Moore

JOSEPH P. MOORE

1-19-2001

(561) 278-3378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)