

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0014151 J

DOCUMENT # **L93000000354**

1. Entity Name
JAMES MOORE & CO., P.L.

00 APR 17 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
620 N.W. 16TH AVE.
GAINESVILLE FL 32601-4000

Mailing Address
P.O. BOX 1616
GAINESVILLE FL 32602-1616



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.,

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE
MMUM

4. FEI Number **59-3204548** Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PETTEWAY, KEITH E~~
~~121 EXECUTIVE CIRCLE~~
~~DAYTONA BEACH FL 32114-1180~~

Name **Ben I Doerr, Jr.**
Street Address (P.O. Box Number is Not Acceptable)
620 NW 16th Avenue
City **Gainesville** **FL** Zip Code **32601-4000**

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 **Ben I Doerr, Jr.** **April 7, 2000**
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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PETTEWAY, KEITH E 121 EXECUTIVE CIRCLE DAYTONA BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM DOERR, BEN I JR 620 NW 16TH AVENUE GAINESVILLE FL 32601-4000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM GOOLSBY, EDWARD L 620 NW 16TH AVENUE GAINESVILLE FL 32601-4000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM GREEN, CURTIS J JR 620 NW 16TH AVENUE GAINESVILLE FL 32601-4000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM HANCOCK, THOMAS B 620 NW 16TH AVENUE GAINESVILLE FL 32601-4000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM VILLEMAIRE, CAROL A 620 NW 16TH AVENUE GAINESVILLE FL 32601-4000	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM 300003237019--0 -05/03/00--01070--024 *****50.00 *****50.00	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED** **Ben I. Doerr, Jr** **April 7, 2000** (352) 378-1331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)