

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90032 047 *****55.00

0049444

DOCUMENT # L93000000354

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



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

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

20035724



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**DOERR, BEN I JR.
620 N.W. 16TH AVENUE
GAINESVILLE FL 32601**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOERR, BEN I JR 620 NW 16TH AVENUE GAINESVILLE FL 32601-4000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, DONNA S 620 NW 16TH AVENUE GAINESVILLE FL 32601-4000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREEN, CURTIS JR 620 NW 16TH AVENUE GAINESVILLE FL 32601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOOLSBY, EDWARD L 620 NW 16TH AVENUE GAINESVILLE FL 32601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANCOCK, THOMAS B 620 NW 16TH AVENUE GAINESVILLE FL 32601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VILLEMAIRE, CAROL A 620 NW 16TH AVENUE GAINESVILLE FL 32601	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HANCOCK, THOMAS E	<input checked="" 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]* **SIGNATURE REQUIRED** **4/29/03** **352-378-1331**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)

Attachment
20035724

James Moore & Co., P.L.
Document # L93000000354

9. MANAGING MEMBERS/MEMBERS (CONT)

TITLE: MEM
NAME WALSH, MARY J
ST ADDRESS 620 NW 16TH AVENUE
CITY-ST-ZIP GAINESVILLE, FL 32601-4000

TITLE: MEM
NAME WATSON, ROBERT F
ST ADDRESS 620 NW 16TH AVENUE
CITY-ST-ZIP GAINESVILLE, FL 32601-4000

TITLE: MEM
NAME HUTTO, E. JAY
ST ADDRESS 620 NW 16TH AVENUE
CITY-ST-ZIP GAINESVILLE, FL 32601-4000

TITLE: MEM
NAME SWANGER, ROGER
ST ADDRESS 620 NW 16TH AVENUE
CITY-ST-ZIP GAINESVILLE, FL 32601-4000

TITLE: MEM
NAME MARTIN, E LOUIS
ST ADDRESS 2473 CARE DRIVE, STE 2
CITY-ST-ZIP TALLAHASSEE, FL 32308-4580

TITLE: MEM
NAME POWELL, ROBERT L
ST ADDRESS 2473 CARE DRIVE, STE 2
CITY-ST-ZIP TALLAHASSEE, FL 32308-4580

TITLE: MEM
NAME BRITZ-PARKER, BERNADETTE
ST ADDRESS 121 EXECUTIVE CIRCLE
CITY-ST-ZIP DAYTONA BEACH, FL 32114-1180

TITLE: MEM
NAME EPSTEIN, DAVID S
ST ADDRESS 121 EXECUTIVE CIRCLE
CITY-ST-ZIP DAYTONA BEACH, FL 32114-1180

TITLE: MEM
NAME FORBES, SUZANNE E
ST ADDRESS 121 EXECUTIVE CIRCLE
CITY-ST-ZIP DAYTONA BEACH, FL 32114-1180