

2000 UNIFORM BUSINESS REPORT (UBR)

0009708 AF

DOCUMENT # L99000007133**1. Entity Name**
MOON RIVER SOFTWARE, L.L.C.**FILED**
SECRETARY OF STATE
DIVISION OF CORPORATIONS**00 FEB 15 PM 1:58****Principal Place of Business****1935 S. PENINSULA DR.**
DAYTONA BEACH FL 32118**Mailing Address****1935 S. PENINSULA DR.**
DAYTONA BEACH FL 32118-5226**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**59-3605859**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****PALMETTO CHARTER SERVICES, INC.**
150 MAGNOLIA AVE.
DAYTONA BEACH FL 32114**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.**SIGNATURE**

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**BLT****9. MANAGING MEMBERS/MEMBERS****10. ADDITIONS/CHANGES**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WALKER, LEE R II	
STREET ADDRESS	1935 S. PENINSULA DR.	
CITY - ST - ZIP	DAYTONA BEACH FL 32118	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	VARGAS, OMAR B	
STREET ADDRESS	1428 N. HALIFAX	
CITY - ST - ZIP	DAYTONA BEACH FL 32118	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

2-7-00**904-255-8267**

CR2E083 (9/99)