

# 2001 UNIFORM BUSINESS REPORT (UBR)

0030391 AB

DOCUMENT # M00000002426

1. Entity Name

ROEDER & MOORE, LLC

FILED

01 JAN 29 PM 4:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

1348 MULLER RD.  
BLYTHEWOOD SC 29016

Mailing Address

1348 MULLER RD.  
BLYTHEWOOD SC 29016

2. Principal Place of Business

330 Yorkshire Drive

3. Mailing Address

4620 Fox Thorne Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Charlotte, NC

City & State

Charlotte NC

Zip

28217

Country

MECK

Zip

28216

Country

MECK

4. FEI Number

56-2168348

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

William M. Moore III

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/26/01  
DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MANAGING MEMBER ☐ Delete  
WILLIAM MOORE III  
STREET ADDRESS 4620 FOX THORNE DR.  
CITY-ST-ZIP Charlotte NC 28216

TITLE NAME ☐ Delete  
LESLIE WILSON JR  
MANAGING MEMBER  
STREET ADDRESS 9518 GROVEHILL DR. #307  
CITY-ST-ZIP Charlotte, NC 28262

TITLE NAME ☐ Delete  
WILLIAM MOORE JR.  
STREET ADDRESS 1348 MULLER ROAD  
CITY-ST-ZIP BlytheWOOD, SC. 29016

TITLE NAME ☐ Delete  
MIKE HARRIS  
STREET ADDRESS 330 Yorkshire Drive  
CITY-ST-ZIP Charlotte NC 28217

TITLE NAME ☐ Delete  
Hugh Northcutt  
STREET ADDRESS ~~Highpoint~~ 330 Yorkshire Drive  
CITY-ST-ZIP ~~Highpoint, SC 29016~~ Charlotte NC 28217

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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:

William M. Moore III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/26/01

Date

(704) 525-0555

Daytime Phone #

CR2E083 (11/00)