

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34978

1. Entity Name

HARRY T. MOORE FUND - NAACP, INCORPORATED

Principal Place of Business

P.O. BOX 1334
EUSTIS FL 32727

Mailing Address

1107 BEECHER STREET
LEESBURG FL 34748-3810

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

59-2975723

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERRY, JAMES E
219 LIME AVE
ORLANDO, FL 32805

Name

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

Colleton, Larry H.
2300 East Concord St.

City

Orlando

FL

Zip Code
32803

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S ☐ Delete
NAME POOLE, RENA D
STREET ADDRESS 1033 SMITH ST
CITY-ST-ZIP EUSTIS FL 32726

TITLE ☒ Change ☐ Addition
NAME Althamese Barnes-(D)
STREET ADDRESS 2619 Summerwood Ave.
CITY-ST-ZIP Tallahassee, Fl. 32303

TITLE T ☐ Delete
NAME PALMER, MARIE B
STREET ADDRESS 4294 NIMONS ST
CITY-ST-ZIP ORLANDO FL 32811

TITLE T. H. Poole, Sr. (D) ☐ Change ☒ Addition
NAME 1033 Smith St.
STREET ADDRESS Eutis, Fl. 32726
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CRUMMER, ESTELLA
STREET ADDRESS 1403 N ORANGE ST
CITY-ST-ZIP MT DORA FL 32757

TITLE Leon W. Russell- (D) ☐ Change ☒ Addition
NAME 400 S. Ft. Harrison, Ste. 300
STREET ADDRESS Clearwater, Fl., 33756
CITY-ST-ZIP

TITLE D ☐ Delete
NAME JONES, SAYNNE G
STREET ADDRESS 1205 MARSHALL CT
CITY-ST-ZIP EUSTIS FL 32726

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

TITLE D ☐ Delete
NAME JENKINS, WHITFIELD
STREET ADDRESS 2200 NW 24TH RD
CITY-ST-ZIP Ocala FL 34475

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

TITLE C ☐ Delete
NAME WILLIAMS, WILLIE
STREET ADDRESS 404 LIONEL
CITY-ST-ZIP ORLANDO FL 32805

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or, on an attachment with an address, with all other like empowered.

SIGNATURE:

MARIE B PALMER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/00 (407) 425-0608
Date Daytime Phone #

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90026 002 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)