

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000541

1. Entity Name

THE HARRY T. AND HARRIETTE V. MOORE JUSTICE CENT

Principal Place of Business

MOORE JUSTICE ST. COMMITTEE  
P.O. BOX 410495  
MELBOURNE FL 32941  
US

Mailing Address

418 PENNSYLVANIA AVENUE  
ROCKLEDGE FL 32955-3225

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

59-3356616

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

FITZGERALD, MICHAEL  
HUMAN RESOURCES  
2725 ST. JOHNS STREET  
MELBOURNE FL 32940

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 \$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 D ☐ Delete  
NAME ANLIKER, BILL  
STREET ADDRESS 700 PARK AVENUE  
CITY-ST-ZIP TITUSVILLE FL 32780

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

TITLE D ☐ Delete  
NAME ARNOULT, BARBARA  
STREET ADDRESS 1234 ROYAL BIRKDALE  
CITY-ST-ZIP ROCKLEDGE FL 32955

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

TITLE D ☐ Delete  
NAME FRINK, CLEAVE  
STREET ADDRESS 3215 SOUTH REDWOOD LANE  
CITY-ST-ZIP MELBOURNE FL 32901

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

TITLE D ☐ Delete  
NAME FITZGERALD, MICHAEL  
STREET ADDRESS 2725 ST. JOHNS STREET  
CITY-ST-ZIP MELBOURNE FL 32940

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

TITLE D ☐ Delete  
NAME ALEXANDER, MOSE  
STREET ADDRESS POST OFFICE BOX 560119  
CITY-ST-ZIP ROCKLEDGE FL 32956

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

TITLE D ☐ Delete  
NAME TRETTIS, BLAISE  
STREET ADDRESS 1018-C SOUTH FLORIDA AVENUE  
CITY-ST-ZIP ROCKLEDGE FL 32955

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:

*Michael Fitzgerald*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00

407-617-7382

Date

Daytime Phone #

CP2E037 (9/99)



DO NOT WRITE IN THIS SPACE