

2001 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**

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

TITLE ☐ Delete**D
ANLIKER, BILL
700 PARK AVENUE
TITUSVILLE FL 32780**TITLE ☐ Delete**D
ARNOULT, BARBARA
1234 ROYAL BIRKDALE
ROCKLEDGE FL 32955**TITLE ☐ Delete**D
FRINK, CLEAVE
3215 SOUTH REDWOOD LANE
MELBOURNE FL 32901**TITLE ☐ Delete**D
FITZGERALD, MICHAEL
2725 ST. JOHNS STREET
MELBOURNE FL 32940**TITLE ☐ Delete**D
ALEXANDER, MOSE
POST OFFICE BOX 560119
ROCKLEDGE FL 32956**TITLE ☐ Delete**D
TRETTIS, BLAISE
1018-C SOUTH FLORIDA AVENUE
ROCKLEDGE FL 32955**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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**4/30/01**321-617-7322***FILED
May 14, 2001 8:00 am
Secretary of State**

05-14-2001 90190 013 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)