

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90140 044 ****61.25

DOCUMENT # N96000000541

1. Entity Name

THE HARRY T. AND HARRIETTE V. MOORE JUSTICE CENTER COMMITTEE, INC.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D ANLUKER, BILL**
STREET ADDRESS **700 PARK AVENUE**
CITY-ST-ZIP **TITUSVILLE FL 32780**

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

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

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME **D 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
Michael Fitzgerald

4/29/02 321-633-2092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (9/01)