

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90167 043 \*\*\*\*61.25

**DOCUMENT # N98000000963**

1. Entity Name  
**THE NAT MOORE FOUNDATION, INC.**



Principal Place of Business  
**16911 NE 6TH AVENUE  
NORTH MIAMI BEACH FL 33162**

Mailing Address  
**16911 NE 6TH AVENUE  
NORTH MIAMI BEACH FL 33162**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0815097**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MOORE, NAT  
16911 NE 6TH AVENUE  
NORTH MIAMI BEACH FL 33162**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **ATICK, JOE**  
STREET ADDRESS **7976 NW 14TH STREET**  
CITY-ST-ZIP **MIAMI FL 33128**

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

TITLE **D** ☐ Delete  
NAME **BEARD, WENDELL**  
STREET ADDRESS **3600 NW 82ND AVENUE**  
CITY-ST-ZIP **MIAMI FL 33166**

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

TITLE **D** ☐ Delete  
NAME **COOK, CLARK**  
STREET ADDRESS **190 NE 3RD STREET**  
CITY-ST-ZIP **MIAMI FL 33132**

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

TITLE **D** ☐ Delete  
NAME **CONNORS, JOANIE**  
STREET ADDRESS **3600 NW 82ND AVENUE**  
CITY-ST-ZIP **MIAMI FL 33166**

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

TITLE **D** ☐ Delete  
NAME **CRISPIN, CHARLES**  
STREET ADDRESS **255 ALHAMBRA CIRCLE, SUITE 455**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE **D** ☐ Delete  
NAME **CULLOM, BILL**  
STREET ADDRESS **1601 BISCAYNE BLVD.**  
CITY-ST-ZIP **MIAMI FL 33132**

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: *Nat Moore* **THE NAT MOORE FOUNDATION, INC.**

**3/14/03**

**(305) 770-0995**

CR2E037 (10/02)