

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000026623

FILED  
May 01, 2003  
Secretary of State

**Entity Name:** MOORE CAPITAL MANAGEMENT, CTA, INC.

**Current Principal Place of Business:**

5350 CHISWICK CIRCLE  
ORLANDO, FL 32812

**New Principal Place of Business:**

**Current Mailing Address:**

5350 CHISWICK CIRCLE  
ORLANDO, FL 32812

**New Mailing Address:**

118 WEST ORANGE ST  
ALTAMONTE SPRINGS, FL 32714

**FEI Number:** 59-3630787

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KELLEY, KYLE CPA  
118 WEST ORANGE STREET  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: MOORE, JOHN A  
Address: 5350 CHISWICK CIRCLE  
City-St-Zip: ORLANDO, FL 32812

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN A MOORE

PSTD

05/01/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date