

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P95000028765**1. Entity Name
MOORE LEISURE, INC.**Principal Place of Business**877 EXECUTIVE CENTER DR. WEST
SUTIE 303
ST. PETERSBURG FL
33702 US**Mailing Address**877 EXECUTIVE CENTER DR. WEST
SUTIE 303
ST. PETERSBURG FL
33702 US**2. Principal Place of Business**
475 CENTRAL AVENUE**3. Mailing Address**
475 CENTRAL AVENUESuite, Apt. #, etc.
SUTIE M-8Suite, Apt. #, etc.
SUTIE M-8City & State
ST. PETERSBURG FLCity & State
ST. PETERSBURG FLZip Country
33701 USZip Country
33701 US4. FEI Number
59-3309138Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMASCARA ERNEST L
877 EXECUTIVE CENTER DR. WEST
SUTIE 303
ST. PETERSBURG FL
33702 US**7. Name and Address of New Registered Agent**Name
MASCARA ERNEST L
Street Address (P.O. Box Number is Not Acceptable)
475 CENTRAL AVENUE
SUTIE M-8
City
ST. PETERSBURG FL Zip Code
33701

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 **ERNEST L. MASCARA****04/30/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	DVPS	<input type="checkbox"/> Delete
NAME	MOORE KATHRYN	
STREET ADDRESS	19218 GULF BLVD	
CITY-ST-ZIP	INDIAN SHORES FL 34635	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	MOORE DENNIS	
STREET ADDRESS	19218 GULF BLVD	
CITY-ST-ZIP	INDIAN SHORE FL 34635	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE DENNIS	
STREET ADDRESS	19218 GULF BLVD	
CITY-ST-ZIP	INDIAN SHORES FL 34635	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS MOORE

P

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)