

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000060820

1. Entity Name  
LAW OFFICE OF MICHAEL GREGORY MOORE, P.A.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90096 039 \*\*\*150.00

Principal Place of Business

2171 PINE RIDGE ROAD  
SUITE D  
NAPLES FL 34109

Mailing Address

2171 PINE RIDGE ROAD  
SUITE D  
NAPLES FL 34109

2. Principal Place of Business

2660 Airport Road S

Suite, Apt. #, etc.

3. Mailing Address

2660 Airport Road South

Suite, Apt. #, etc.

City & State  
Naples, Florida

City & State  
Naples, Florida

Zip  
34112

Country  
Collier

Zip  
34112

Country  
Collier

4. FEI Number 65-0683338

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOORE, MICHAEL G  
2171 PINE RIDGE ROAD  
SUITE D  
NAPLES FL 34109

7. Name and Address of New Registered Agent

☒ Name  
Michael G. Moore  
Street Address (P.O. Box Number is Not Acceptable)  
2660 Airport Road S  
City Naples FL 34112

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]* M. Moore, Pres. 04-20-01  
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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD  
NAME MOORE, MICHAEL G  
STREET ADDRESS 2171 PINE RIDGE RD STE D  
CITY-ST-ZIP NAPLES FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME Michael G. Moore  
STREET ADDRESS 2660 Airport Road South  
CITY-ST-ZIP Naples, Florida 34112 ☐ Change ☐ Addition

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

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

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

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

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

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: *[Signature]* M. Moore, Pres. 04-21-01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)