

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90019 012 ***150.00

DOCUMENT # P97000057031

1. Entity Name

AURUM COMMERCIAL PROPERTIES, INC.

Principal Place of Business

1310 TRADEPORT DR
JACKSONVILLE FL 32218

Mailing Address

1310 TRADEPORT DR
JACKSONVILLE FL 32218

2. Principal Place of Business

9951 ATLANTIC BLVD
STE #154
JACKSONVILLE, FL
32225 DUAL

3. Mailing Address

9951 ATLANTIC BLVD
STE #154
JACKSONVILLE, FL
32225 DUAL



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3454929

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOORE, C WAYNE
1310 TRADEPORT DR
JACKSONVILLE FL 32218

7. Name and Address of New Registered Agent

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

C. Wayne Moore
C. WAYNE MOORE

1-15-01

Signature, name and address 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	P	<input type="checkbox"/> Delete
NAME	MOORE, C WAYNE	
STREET ADDRESS	1310 TRADEPORT DR	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HAINES, ROBERT G	
STREET ADDRESS	2317 LOCUSTWOOD CT	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GROW, BETTY H	
STREET ADDRESS	1898 BRECKENRIDGE BLVD	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MOORE, GAIL G	
STREET ADDRESS	7158 ALDERMAN RD., APT. 1	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
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	MOORE, C. WAYNE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, C. WAYNE	
STREET ADDRESS	9951 ATLANTIC BLVD, STE #154	
CITY-ST-ZIP	JACKSONVILLE, FL, 32225	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)