

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2001 8:00 am
Secretary of State

08-16-2001 90006 022 ***150.00

0006228 AV

DOCUMENT # P98000057895

1. Entity Name
MOORE & HARPER, M.D., P.A.

Principal Place of Business
**1210 MICCOSUKEE RD
TALLAHASSEE FL 32308**

Mailing Address
**1210 MICCOSUKEE RD
TALLAHASSEE FL 32308**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3518119**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PIERCE, ROBERT A
227 SOUTH CALHOUN ST
TALLAHASSEE FL 32301**

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
MOORE, CHARLES E
1210 MICCOSUKEE RD
TALLAHASSEE FL 32308** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
HARPER, LARRY
1210 MICCOSUKEE RD
TALLAHASSEE FL 32308** ☒ Delete

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/17/01 15:01

JEAN M. SCRUGGS

Certified Public Accountant
5407 Touraine Drive
Tallahassee, FL 32308
(850) 656-2266 Fax (850) 656-8228

ATTACHMENT
A0081629

August 14, 2001

Division of Corporation
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

P98000057895

RE: Moore & Harper, M.D., P.A.
#59-3518119

To Whom It May Concern:

Enclosed please find 2001 Uniform Business Report (UBR) for Moore & Harper, M.D., P.A. document # P98000057895 and a check for \$150.00. Since I am their CPA the original form was given to me along with all the other corporate forms. I have enclosed a copy of what I gave their office to file by May 1, 2001. Their office has been in disarray since the termination of Dr. Larry Harper. The office Manager said the original form might have been sent to Dr. Harper's new office.

We would hope that you could waive the penalty.

We appreciate your assistance in this matter, and if you have any questions please feel free to call me (850) 656-2266.

Yours Very Truly


Jean M. Scruggs, CPA