

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000025877

1. Entity Name

BLUE MOON INTERACTIVE, INC.

Principal Place of Business

9753 ORANGE BLOSSOM TR
STE 202
ORLANDO FL 32837-9032
US

Mailing Address

9753 ORANGE BLOSSOM TR
STE 202
ORLANDO FL 32837-8998
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3428211

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEATON, THOMAS C
9753 S ORANGE BLOSSOM TR
STE 202
ORLANDO FL 32837-9032

Name MARK CHIACCHIRA

Street Address (P.O. Box Number is Not Acceptable)

9753 S. ORANGE BLOSSOM TR.

Suite 202

City

ORLANDO

FL

Zip Code

32837

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

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

MARK S. CHIACCHIRA

(NOTE: Registered Agent signature required when reinstating)

3/1/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BEATON, THOMAS C.	
STREET ADDRESS	3122 CARTHAGE CT.	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	CHIACCHIRA, MARK S.	
STREET ADDRESS	1438 ORCHID LN	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	DAVISON, ANDREW J.	
STREET ADDRESS	542 MAYFAIR CIR	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PANNELL, JAMES R	
STREET ADDRESS	13408 169TH CT N	
CITY-ST-ZIP	JUPITER FL 33478	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

ANDREW J. DAVISON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/00

Date

(407) 856-4511

Daytime Phone #

CR2E034 (9/99)