

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 285757

1. Entity Name

WALKER GROVES INC

Principal Place of Business

580 S.R. 559  
AUBURNDAL FL 33823

Mailing Address

580 S.R. 559  
AUBURNDAL FLA 33823

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1058076

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

WALKER JAMES LEE  
580 S.R. 559  
AUBURNDAL FL 33823

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 \$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 type="checkbox"/> Delete
NAME	WALKER, JAMES L	
STREET ADDRESS	580 SR 559	
CITY-ST-ZIP	AUBURNDAL FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BENTLEY, HELEN W	
STREET ADDRESS	935 VERSAILLES CIRCLE	
CITY-ST-ZIP	MAITLAND FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	STAMBAUGH, HANNAH W	
STREET ADDRESS	1606 ARIANA BLVD.	
CITY-ST-ZIP	AUBURNDAL FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	WALKER, SALLY L.	
STREET ADDRESS	580 SR 559	
CITY-ST-ZIP	AUBURNDAL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, RALPH H.	
STREET ADDRESS	813 GREENVILLE RD	
CITY-ST-ZIP	SUSSEX NJ	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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:

*James L Walker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-00

Date

863-967-1253

Daytime Phone #

CR2E034 (9/99)

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90063 012 \*\*\*150.00



DO NOT WRITE IN THIS SPACE