

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
 04-16-2001 90036 036 ***150.00

DOCUMENT # 301610

1. Entity Name
WALT'S CONCESSIONS, INC

Principal Place of Business

2875 S ORANGE AVE
 SUITE 500 - 800
 ORLANDO FL 32806

Mailing Address

2875 S ORANGE AVE
 SUITE 500 - 800
 ORLANDO FL 32806

00036815



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

896 W. MINNEOLA AVE

3. Mailing Address

896 W. MINNEOLA AVE

Suite, Apt. #, etc.

PMB # 55

Suite, Apt. #, etc.

PMB # 55

City & State

CLERMONT, FL

City & State

CLERMONT, FL

Zip

34711

Country

LAKE

Zip

34711

Country

LAKE

4. FEI Number

59-1118979

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

COX, JR W
 13711 VISTA DEL LAGO BLVD
 CLERMONT FL 34711

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME COX, PATRICIA A
 STREET ADDRESS 2875 S. ORANGE AVE, #500-800
 CITY-ST-ZIP ORLANDO FL 32806 ☐ Delete

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

TITLE D
 NAME FIELDS, ROY, JR.
 STREET ADDRESS 101 FAY ROAD, APT #5
 CITY-ST-ZIP SYRACUSE NY ☐ Delete

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

TITLE VT
 NAME COX, WALTER B JR.
 STREET ADDRESS 13711 VISTA DEL LAGO BLVD
 CITY-ST-ZIP CLERMONT FL 34711 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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: Patricia A. Cox
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01 (407) 492-1578
 Date Daytime Phone #

CR2E034 (10/00)