

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 352214

1. Entity Name

WALKER DISTRIBUTORS, INC.

FILED

May 15, 2000 8:00 am  
Secretary of State

05-15-2000 90258 025 \*\*\*150.00

Principal Place of Business

Mailing Address

3522 S.W. 42ND AVENUE  
GAINESVILLE FL 32608

3522 S.W. 42ND AVENUE  
GAINESVILLE FL 32608-2530

2. Principal Place of Business

3. Mailing Address

P.O. BOX 140059

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

GAINESVILLE, FL

4. FEI Number

59-1275280

Applied For

Not Applicable

Zip

Country

Zip

Country

32614-0059

ALACHUA

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

BATES, C VALENTINE  
5 SW 2ND PLACE  
GAINESVILLE FL 32601

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 ☐ Delete  
NAME VD  
STREET ADDRESS MOORE, HENRY  
CITY-ST-ZIP RT 1 BOX 161  
ALACHUA FL 32615

TITLE ☒ Change ☐ Addition  
NAME VD  
STREET ADDRESS MOORE, HENRY  
CITY-ST-ZIP HC 3, BOX 51  
OLD TOWN, FL 32680

TITLE ☐ Delete  
NAME PTSD  
STREET ADDRESS WALKER, J. KENT  
CITY-ST-ZIP 7703 SW 4TH PLACE  
GAINESVILLE FL 32607

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*John Walker* Pres.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-2000 (352)376-6524  
Date Daytime Phone #