

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F94000001843**

1. Entity Name

**WALKEM DEVELOPMENT COMPANY OF KNOXVILLE, INC.**

Principal Place of Business

PO BOX 30185  
MEMPHIS TN 38116

Mailing Address

PO BOX 30185  
MEMPHIS TN 38116



DO NOT WRITE IN THIS SPACE

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

**62-1016071**

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

**LOWER, BRIAN**

**ORANGE LAKE COUNTRY CLUB**

**8505 W. IRLO BRANSON MEMORIAL HWY**

**KISSIMEE FL 34747**

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 (see instructions)

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, KEMMONS 1629 WINCHESTER ROAD MEMPHIS TN 38116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILSON, SPENCE 1629 WINCHESTER ROAD MEMPHIS TN 38116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALLIN, R E 1629 WINCHESTER ROAD MEMPHIS TN 38116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILSON, C K JR 1629 WINCHESTER ROAD MEMPHIS TN 38116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILSON, ROBERT 1629 WINCHESTER ROAD MEMPHIS TN 38116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BATT, WILLIAM 1629 WINCHESTER ROAD MEMPHIS TN 38116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

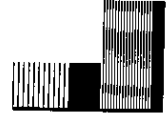
**600008678086**  
**10/29/02--01146--003 \*\*150.00**

*[Handwritten signature]*

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: *[Handwritten signature: William Batt, VP]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/15/02 901-346-8800*



October 25, 2002

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Re: Walkem Development Company of Knoxville, Inc. 2002 Annual Report

To Whom It May Concern:

Enclosed please find copies of the 2002 Uniform Business Report and check that we filed in April 2002. I was unaware of any notices that your office sent back to us regarding the error on the check. Had it come to my attention I would have been able to correct the error. I'm sending a corrected check and asking that your office please wave the reinstatement fee because we were unaware of this problem with the check. You can contact me at 901-507-1172 if you need further information. Thank you

Sincerely,

A handwritten signature in cursive script that reads 'Jackie Behles'.

Jackie Behles  
Tax Department Secretary