

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002626

1. Entity Name

EMERALD WALK VENTURES, INC.

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90051 044 \*\*\*150.00

Principal Place of Business

Mailing Address

3715 NORTHSIDE PARKWAY  
SUITE 105, BLDG 300  
ATLANTA GA 30327

3715 NORTHSIDE PARKWAY  
SUITE 105, BLDG 300  
ATLANTA GA 30327-2806

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2242896

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MINER, JEANNE  
3627 UNIVERSITY BLVD., SOUTH  
SUITE 430  
JACKSONVILLE FL 32216

Name

Theresa M. Kenney

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

Ford Jeter Bowlus & Duss

10110 San Jose Blvd

City

Jacksonville

FL

Zip Code

32257

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

*Theresa M. Kenney*

Theresa M. Kenney

3-28-2000

(Signature typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when installing)

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  
STREET ADDRESS  
CITY-ST-ZIP  
DCPT  
MCCLAIN, WILLIAM A III  
3175 NORTHSIDE PKWY NW 300 NORTHCREEK #105  
ATLANTA GA 30327

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President  
William A. McClain IV  
3715 Northside Pkwy, Ste 105, Bdg 300  
Atlanta, GA 30327

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
HOCKENBERRY, MARCIA  
3175 NORTHSIDE PKWY NW 300 NORTHCREEK #105  
ATLANTA GA 30327

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

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:

*W.A. McClain III*  
W.A. McClain III

1/17/00

404-261-3271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)