

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name H72955

WILLIAM WALTER ASSOCIATES, INC.

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90245 042 \*\*\*\*70.00

04-04-2000 90111 016 \*\*\*\*88.75

Principal Place of Business Mailing Address  
330 SUMMERWOOD DRIVE 330 SUMMERWOOD DRIVE  
PANAMA CITY BEACH, FL PANAMA CITY BEACH, FL.  
32413 32413

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 59 2571306 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

KAPLAN, SAUNDRA R.  
1088 GAYER WAY  
MARCO ISLAND, FL 33937

## 7. Name and Address of New Registered Agent

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. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WHALEY, WILLIAM RAGSDALE	
STREET ADDRESS	555 BECKRICH RD #106	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROUX, WALTER	
STREET ADDRESS	555 BECKRICH RD #106	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHALEY, WILLIAM RAGSDALE	
STREET ADDRESS	330 SUMMERWOOD DRIVE	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUX, WALTER	
STREET ADDRESS	330 SUMMERWOOD DRIVE	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-2000

Date

850-230-9602

Daytime Phone

CR2E037 (9/99)