

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90109 040 ***158.75

DOCUMENT # J08111

1. Entity Name
IVEY, HARRIS & WALLS, INC.

Principal Place of Business
631 SOUTH ORLANDO AVE.
STE. 200
WINTER PARK FL 32789

Mailing Address
631 SOUTH ORLANDO AVE.
STE. 200
WINTER PARK FL 32789-7122

901011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2657300		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
IVEY, JOEL A. 631 S ORLANDO AVENUE SUITE 200 WINTER PARK FL 32789				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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD IVEY, JOEL A. 691 KEENELAND PIKE LAKE MARY FL	<input type="checkbox"/> Delete	TITLE	Ivey, Joel A. ↓	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	691 KEENELAND PIKE		STREET ADDRESS		
ST-ZIP	LAKE MARY FL		CITY-ST-ZIP	Zip 32746	
TITLE	SD WALLS, JON D. 1420 S OSCEOLA AVE ORLANDO FL	<input type="checkbox"/> Delete	TITLE	Walls, Jon D. ↓	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1420 S OSCEOLA AVE		STREET ADDRESS		
ST-ZIP	ORLANDO FL		CITY-ST-ZIP	Zip 32806	
TITLE	TD HARRIS, JOSEPH E. 701 DRIVER AVE. WINTER PARK FL 32789	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	701 DRIVER AVE.		STREET ADDRESS		
ST-ZIP	WINTER PARK FL 32789		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
ST-ZIP			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: Jon D. Walls Jon D. Walls 1/5/00 407-629-8880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)