

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J08111

1. Entity Name

IVEY, HARRIS & WALLS, INC.

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

01-19-2000 90109 040 ***158.75

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

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 59-2657300

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

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) ☐

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	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			NAME	
ST- ZIP			STREET ADDRESS	
			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			NAME	
ST- ZIP			STREET ADDRESS	
			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			NAME	
ST- ZIP			STREET ADDRESS	
			CITY- ST- ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			NAME	
ST- ZIP			STREET ADDRESS	
			CITY- ST- ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			NAME	
ST- ZIP			STREET ADDRESS	
			CITY- ST- ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			NAME	
ST- ZIP			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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jon D. Walls

1/5/00

407-629-8880

CR2E034 (9/99)