

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J27825

1. Entity Name

MCCURDY - WALDEN, INC.

Principal Place of Business

Mailing Address

5267 COMMONWEALTH AVE.  
JACKSONVILLE FL 32254  
US

5267 COMMONWEALTH AVE.  
JACKSONVILLE FL 32254-1629  
US

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 59-2724846

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

F & L CORP  
200 LAURA STREET  
JACKSONVILLE FL 32202

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 requires either notary stamp)

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 ☒ Delete  
NAME MCCURDY, D.S.  
STREET ADDRESS 1410 EDGEWOOD AVE., S.  
CITY-STATE-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE VD ☐ Delete  
NAME WALDEN, D.E., III  
STREET ADDRESS 36 SWIMMING PEN DR.  
CITY-STATE-ZIP DOCTORS INLET FL

TITLE ☒ Change ☐ Addition  
NAME President/Director  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE S ☒ Delete  
NAME MCCURDY, S.J.  
STREET ADDRESS 1410 EDGEWOOD AVE  
CITY-STATE-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE V ☐ Delete  
NAME WALDEN, M.A.  
STREET ADDRESS 1447 DANCY STREET  
CITY-STATE-ZIP JACKSONVILLE FL

TITLE ☒ Change ☐ Addition  
NAME Vice President/Secretary  
STREET ADDRESS 86 Swimming Pen Dr.  
CITY-STATE-ZIP Doctors Inlet FL 32068

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☒ Addition  
NAME Treasurer  
STREET ADDRESS Walden, J.A.  
CITY-STATE-ZIP 428 W. 69th St.  
Jacksonville, FL 32208

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 a holder I am empowered

SIGNATURE:

*D. E. Walden*

D. E. Walden

02-04-00 (904) 783-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #



DO NOT WRITE IN THIS SPACE