

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001887

1. Entity Name

WALKER INVESTMENTS OF CENTRAL FLORIDA, L.L.C.

FILED

01 MAR 28 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

931 N. PENNSYLVANIA AVENUE  
WINTER PARK FL 32789

Mailing Address

P.O. BOX 3446  
WINTER PARK FL 32790-3446

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

59-3530021

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, R. LANCE SR.

931 N. PENNSYLVANIA AVENUE

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME WALKER, R. LANCE SR.  
STREET ADDRESS 931 N. PENNSYLVANIA AVENUE  
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*R. Lance Walker Sr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

R. LANCE WALKER SR. 3-22-01 407/645-0500

CR2E083 (11/00)

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