## **2000 UNIFORM BUSINESS REPORT (UBR)**

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DOCU  1. Entity Nar	MENT# L9900	0006940	** المرّد ·		<b></b>			
WALLER & ASSOCIATES MANAGEMENT, LLC					FILED			
				01	JUL 19 AM 8:47			
Principal Place of Business Mailing Address				SECRETARY OF STATE				
		OCALA FL 34470-1519	230 N.E. 51ST AVENUE OCALA FL 34470-1519		CRETARY OF STATE LAHASSEE, FLORIDA			
					T ( BRIXE) ( 201   1817   1200   800) 800   800   800	11 <b>40) 14 6</b> 111 6 <b>1</b> 111		
Principal Place of Business     3. Mailing Address								
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEII	4. FEI Number : Applied For Not Applicable			
Zip	Country	Zip	Country	5. Cert	ificate of Status Desired	\$5.00 Add	ditional	
- ,	6. Name and Address of Current	Registered Agent	<u> </u>		e and Address of New Registered	Fee Require	q	
	5. Hame and Address of Garrent	negiaterea Agent	Name	7. 14211	ie and Address of New Negistere	Agent		
BULLARD, J. WARREN			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
18 N.W. THIRD AVENUE								
OCALA FL 34475			0.		<u> </u>	- 1 - 0		
			City	FL Zip Code				
8. The above	e named entity submits this statement for	or the purpose of changing its	s registered office or regis	tered agent,	or both, in the State of Florida.			
SIGNATURE					•			
	Signature, typed or printed name of registered agent	and title if applicable. (NO	FE: Registered Agent signature requ	ired when reinstat	1000044S3	- 1-a		
		1	OW!!! FEE IS \$50.0		-07/24/010	)10480	06	
		Make Check Pa	ayable to Department	of State	*****55.00	****5	5.00	
9.	MANAGING MEMB	ERS/MEMBERS	10.		ADDITIONS/CHANGE	S		
TITLE NAME	MGRM	Delete `	TITLE RAME			Change	Addition	
STREET ADDRESS	WALLER, ALETHA L 230 N.E. 51ST AVENUE		STREET ADDRESS					
CITY-8T-ZIP	OCALA FL 34470		CITY-ST-ZIP					
TITLE NAME		☐ Deleta	TITLE Name			☐ Change	Addition	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE XAME STREET ADDRESS CITY-ST-ZIP 11.   hereby condicated	pertify that the information supplied with on this report is true and accurate and bility company or the receiver or trusted	Delete  It this filing does not qualify for that my signature shall have	STREET ADDRESS CITY- 8T- ZIP  TITLE NAME STREET ADDRESS CITY- 8T- ZIP  TITLE RAME STREET ADDRESS CITY- 8T- ZIP  or the exemption stated in the same legal effect as in	f made unde	r oath; that I am a managing meml	Change	Addition	
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