

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 0000000022

1. Business Name
WALKER & DUNLOP GP, LLC

FILED

00 OCT -9 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
7500 OLD GEORGETOWN ROAD, SUITE 800
BETHESDA MD 20814

Mailing Address
7500 OLD GEORGETOWN ROAD, SUITE 800
BETHESDA MD 20814

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2002612

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

Deborah D. Skipper
Signature, typed or printed name of registered agent and title if applicable.

Deborah D. Skipper
as its agent

10-9-00

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WALKER, MALLORY
7500 OLD GEORGETOWN ROAD, SUITE 800
BETHESDA MD 20814 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GAYNOR, MITCHELL M
7500 OLD GEORGETOWN ROAD, SUITE 800
BETHESDA MD 20814 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600003419176--1 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
YAVINSKY, MERRILL A
7500 OLD GEORGETOWN ROAD, SUITE 800
BETHESDA MD 20814 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
REINSTATEMENT 2000 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

Mitchell M. Gaynor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)



ACCOUNT NO. : 072100000032

REFERENCE : 856438 55379A

AUTHORIZATION :

Patricia Pizito

COST LIMIT : \$ 150.00

ORDER DATE : October 6, 2000

ORDER TIME : 12:03 PM

ORDER NO. : 856438-025

CUSTOMER NO: 55379A

CUSTOMER: Ms. Judy Direnzo
GREEN PARK FINANCIAL LIMITED
GREEN PARK FINANCIAL LIMITED
7500 Old Georgetown Road
Suite 800
Bethesda, MD 20814

DOMESTIC FILING

NAME: WALKER & DUNLOP GP, LLC

EFFECTIVE DATE:

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds/chs

EXAMINER'S INITIALS: _____

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

00 OCT -9 PM 12:57

RECEIVED