

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04810

1. Entity Name

JOHN F. WALSH CENTER, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90065 046 \*\*\*\*61.25

Principal Place of Business

295 N.W. 199TH ST.  
MIAMI FL 33169

Mailing Address

295 N.W. 199TH ST.  
MIAMI FL 33169-2920

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2157549

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HODGES, LARRY  
295 N.W. 199TH ST.  
MIAMI FL 33169

7. Name and Address of New Registered Agent

Name

LARRY HODGES

Street Address (P.O. Box Number is Not Acceptable)

285 NW 199 St.

City

Miami

FL

Zip Code

33169

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

*Larry W. Hodges*

Signature, typed or printed name of registered agent and type if applicable

(NOTE: Registered Agent signature required when reinstating)

4/30/00

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME D  
STREET ADDRESS EDWARDS, ROBERT D..  
CITY-ST-ZIP 1040 N.W. 70TH WAY  
PLANTATION FL

TITLE ☐ Delete  
NAME D  
STREET ADDRESS TYLER, DEWEY  
CITY-ST-ZIP 295 N.W. 199TH STREET  
MIAMI FL

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS HODGES, LARRY  
CITY-ST-ZIP 285 N.W. 199TH STREET  
MIAMI FL

TITLE ☐ Delete  
NAME D  
STREET ADDRESS EDWARDS, MICHAEL J  
CITY-ST-ZIP 5585 DONNELLY CIR  
ORLANDO FL 32821

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☒ Addition  
NAME D.  
STREET ADDRESS GORNEWICZ, DAVID  
CITY-ST-ZIP 285 NW 199 St.  
Miami, FL 33169

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Larry W. Hodges*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/00

Date

305-652-8141

Daytime Phone #

CR2E037 (9/99)