

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000505

1. Entity Name

N.T. WALKER HUMAN RESOURCE CENTER, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90433 001 ***122.50

Principal Place of Business

143 N RODRIAMEZ ST
ST AUGUSTINE FL 32095
US

Mailing Address

P. O. BOX 4524
ST. AUGUSTINE FL 32085-4524

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 **59-2849192**

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

TATUM, SANDRA C
6912 CAVALIER RD
JACKSONVILLE FL 32208

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **JACKSON, NATHANIEL**
STREET ADDRESS **208 ARGONAUT RD**
CITY-ST-ZIP **ST AUGUSTINE FL 32085**

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

TITLE **VD** ☐ Delete
NAME **TATUM, SANDRA C**
STREET ADDRESS **6912 CAVALIER RD**
CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE ☒ Delete
NAME **COLEY, SHARYN S**
STREET ADDRESS **179 M.L. KING AVE.**
CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE ☐ Change ☒ Addition
NAME **T Sparrow, CAROLYN**
STREET ADDRESS **870 W. 5TH STREET**
CITY-ST-ZIP **ST. AUGUSTINE, FL. 32095**

TITLE ☐ Delete
NAME **JACKSON, NORSALUS**
STREET ADDRESS **582 WILLOW WALK PL**
CITY-ST-ZIP **ST AUGUSTINE FL**

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

TITLE ☐ Delete
NAME **MOTLEY, GENE**
STREET ADDRESS **18 S. WHITNEY STREET**
CITY-ST-ZIP **ST AUGUSTINE FL**

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

TITLE ☐ Delete
NAME **ROBERSON, PATRICIA**
STREET ADDRESS **17 ROLLINS AVE**
CITY-ST-ZIP **ST AUGUSTINE FL 32095**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)