

20Q1 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005221

1. Entity Name

WALKER INFORMATION AND EDUCATIONAL INSTITUTE, IN

Principal Place of Business

6883 NE 79TH TERR
WILDWOOD FL 03478
US

Mailing Address

6883 NE 79TH TERRACE
WILDWOOD FL 34785
US

2. Principal Place of Business

1124 SW 6th Ave
Suite, Apt. #, etc.
Ocala, FL

3. Mailing Address

PO Box 6090
Suite, Apt. #, etc.
Ocala, FL

City & State

34474 USA

City & State

34478 USA

Zip

Country

Zip

Country

4. FEI Number

59-3289722

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALKER, SCOTT S
527 E. UNIVERSITY AVE.
GAINESVILLE FL 23602

7. Name and Address of New Registered Agent

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

TITLE D
NAME WALKER, KEITH E ☐ Delete
STREET ADDRESS 6883 NE 79TH TERRACE
CITY-ST-ZIP WILDWOOD FL 34785

TITLE D
NAME MILLER, IRA ☐ Delete
STREET ADDRESS 6883 NE 79TH TERRACE
CITY-ST-ZIP WILDWOOD FL

TITLE D
NAME RUGGIERO, JOSEPH ☐ Delete
STREET ADDRESS 6883 NE 70TH TERR.
CITY-ST-ZIP WILDWOOD FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 D ☐ Change ☐ Addition
NAME Walker, Keith E
STREET ADDRESS 1124 SW 6th Ave
CITY-ST-ZIP Ocala, FL 34474

TITLE D ☐ Change ☐ Addition
NAME Miller, Ira
STREET ADDRESS 1124 SW 6th Ave
CITY-ST-ZIP Ocala, FL 34474

TITLE D ☐ Change ☐ Addition
NAME Ruggiero, Joseph
STREET ADDRESS 1124 SW 6th Ave
CITY-ST-ZIP Ocala, FL 34474

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

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

4-19-01

Date

Daytime Phone #

352 6907799



DO NOT WRITE IN THIS SPACE

0079121

CR2E037 (10/00)