

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007259

1. Entity Name

BILL WALTER III MELANOMA RESEARCH FUND, INC.

12

FILED  
Jul 12, 2000 8:00 am  
Secretary of State

07-12-2000 90015 006 \*\*\*\*61.25

Principal Place of Business

1118 JACARANDA AVE  
DAYTONA BEACH FL 32118

Mailing Address

1118 JACARANDA AVE  
DAYTONA BEACH FL 32118

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

59-3547852

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PALMETTO CHARTER SERVICES, INC.  
150 MAGNOLIA AVENUE  
DAYTONA BEACH FL 32115-2491

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  
After September 13, 2000 min. will be \$236.25

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 ☐ Delete  
NAME SCOTT, ROGER W  
STREET ADDRESS 1118 JACARANDA AVE  
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE D ☐ Delete  
NAME WALTER, WILLIAM A  
STREET ADDRESS 11 JEFFERSON LANDING  
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE D ☐ Delete  
NAME RICHARDSON, TIMOTHY D  
STREET ADDRESS 1114 LINKSIDE CT EAST  
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE D ☐ Delete  
NAME DENISON, DOUGLAS R  
STREET ADDRESS 9 PLEASANT VIEW CIR  
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE D ☐ Delete  
NAME WALTER, KATHY  
STREET ADDRESS 19 WINDING CREEK WAY  
CITY-ST-ZIP ORMOND BEACH FL 32174

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

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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

Date

Daytime Phone #

CR2E037 (5/00)