

2002 UNIFORM BUSINESS REPORT (UBR)

UBR 115 AY

DOCUMENT # P96000062680

1. Entity Name
VALLEY DEVELOPMENT CORPORATION, INC.

FILED

Amended 02 AUG 13 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
255 YACHT CLUB DR
FT WALTON BEACH FL 32548

Mailing Address
255 YACHT CLUB DR
FT WALTON BEACH FL 32548

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number 59-3396177 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WALKER, WINSTON G
255 YACHT CLUB DR
FT WALTON BEACH FL 32548

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHEPHEARD, GERTRUDE T		NAME		000007174700--0
STREET ADDRESS	457 VANDERHEIDE RD		STREET ADDRESS		-08/16/02--01078--011
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433		CITY-ST-ZIP		*****61.25 *****61.25
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NICHOLSON, WILLIAM F		NAME		
STREET ADDRESS	24 WALTER MARTIN RD NE		STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH FL 32548		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	READY, JAMES M		NAME	Deceased	
STREET ADDRESS	105 YACHT CLUB DR		STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BEACH FL 32549		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director and Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, WINSTON G		NAME		
STREET ADDRESS	255 YACHT CLUB DR		STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BEACH FL 32549		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Shepherd, Horace	
STREET ADDRESS			STREET ADDRESS	47 Vanderheide Rd.	
CITY-ST-ZIP			CITY-ST-ZIP	Defuniak Springs, FL 32433	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WINSTON G. WALKER
B-7-02 850-244-5751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)