

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **197000094524** UBR

1. Entity Name

JACKSON WALKER INVESTMENT CORPORATION, INC.

Principal Place of Business

Mailing Address

**201 Front Street, Suite #224
Key West, Florida 33040**

2. Principal Place of Business

3. Mailing Address

- Same -

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEE Number

65-0843080

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**Elliott Kostick
7520 N.W. 5th Street
Ste. 200
Plantation, FL 33317**

Name

Edwin A. Scales, III P.A.

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

201 Front Street, Suite #110

City

Key West

FL

33040

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]

2/20/01

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See options on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 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 ☒ Delete
NAME **Director Richard C. Walker**
STREET ADDRESS **2407 N. Roosevelt Blvd**
CITY-STATE-ZIP **Key West, FL 33040**

TITLE ☐ Change ☒ Addition
NAME **President Edwin O. Swift, III**
STREET ADDRESS **201 Front Street, Suite 224**
CITY-STATE-ZIP **Key West, FL 33040**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☒ Addition
NAME **Secretary Chris Ballard**
STREET ADDRESS **201 Front Street, Suite 224**
CITY-STATE-ZIP **Key West, FL 33040**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☒ Addition
NAME **Senior Vice President Gerald Mosher**
STREET ADDRESS **201 Front Street, Suite 310**
CITY-STATE-ZIP **Key West, FL 33040**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☒ Addition
NAME **Treasurer Ben McPherson**
STREET ADDRESS **201 Front Street, Suite 310**
CITY-STATE-ZIP **Key West, FL 33040**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 in an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/01

FILED

01 FEB 23 PM 12:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

[Handwritten initials]