

Amended  
**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000109201

1. Entity Name

PARKWAY HOUSING INC.

Principal Place of Business

Mailing Address

RT 1 Box 20

MONTICELLO, FL

32344-9733

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

59-3496421

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

APPROVED  
AND  
FILED

00 JUN 30 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100003915741--2

-07/07/00--01012--008

\*\*\*\*\*61.25 \*\*\*\*\*61.25

6. Name and Address of Current Registered Agent

BRUCE HAYSE

RT 1 Box 20

MONTICELLO, FL

32344-9733

7. Name and Address of New Registered Agent

Name

CHRISTOPHER LLOYD WILSON

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

RT 1 Box 20

City

MONTICELLO

FL

Zip Code

32344

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

*Christopher Lloyd Wilson*

CHRISTOPHER LLOYD WILSON

6-27-00

Signature, typed or printed name of registered agent and title if applicable.

(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, 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

TITLE PRESIDENT ☒ Delete  
NAME BRUCE HAYSE  
STREET ADDRESS RT 1 Box 20  
CITY-ST-ZIP MONTICELLO, FL 32344

TITLE DIRECTOR ☒ Delete  
NAME LINDSEY GREESON  
STREET ADDRESS P.O. Box 587  
CITY-ST-ZIP WINDER, GA 30680

TITLE DIRECTOR ☒ Delete  
NAME JAMES NIX  
STREET ADDRESS 3165 VILLAGE GLEN TRAIL  
CITY-ST-ZIP SNELLVILLE, GA 30039

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME CHRISTOPHER LLOYD WILSON  
STREET ADDRESS RT 1 Box 20  
CITY-ST-ZIP MONTICELLO, FL 32344

TITLE DIRECTOR ☒ Change ☐ Addition  
NAME SAMUEL A WILSON  
STREET ADDRESS 514 CANDLEWOOD LN.  
CITY-ST-ZIP CRESTVIEW, FL 32539

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Christopher Lloyd Wilson*  
CHRISTOPHER LLOYD WILSON

6-27-00

Date

850-997-3033

Daytime Phone #

CR2E034 (9/99)