

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000060388

1. Entity Name

1101 WALNUT, INC.

Principal Place of Business

601 N. ASHELY DR., SUITE 1200
TAMPA FL 33602

Mailing Address

601 N. ASHELY DR., SUITE 1200
TAMPA FL 33602

2. Principal Place of Business

1101 Walnut
Suite, Apt. #, etc.
1101 Walnut St Ste 1100
City & State
Kansas City MO
Zip
64106 Country
USA

3. Mailing Address

601 N Ashley Dr
Suite, Apt. #, etc.
Ste 1200
City & State
Tampa FL
Zip
33602 Country
USA

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90030 002 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3523666

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STRASKE, STEPHEN B II
101 E KENNEDY BLVD SUITE 3700
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name
Greg Hughes
Street Address (P.O. Box Number is Not Acceptable)
601 N. Ashley Dr.
12th FL
City
Tampa FL Zip Code
33602

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)

4/20/01
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD HUGHES, GREGORY L 601 N ASHLEY DR #1200 TAMPA FL 33602	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/23/01
Date

813-225-1411
Daytime Phone #

CR2E034 (10/00)