

2000 UNIFORM BUSINESS REPORT (UBR)

8/1

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

08-25-2000 90001 047 ***550.00

DOCUMENT # P99000090251

1. Entity Name

WALKER GOLF COURSE MANAGEMENT, INC.

Principal Place of Business

**401 N.W. 6TH STREET
 OKEECHOBEE FL 34972**

Mailing Address

**POST OFFICE BOX 1367
 OKEECHOBEE FL 34973**

2. Principal Place of Business

1925 S.E. 9th Avenue

Suite, Apt. #, etc.

3. Mailing Address

1925 S.E. 9th Avenue

Suite, Apt. #, etc.

City & State

Okeechobee, Florida

Zip

34974

Country

Okeechobee

City & State

Okeechobee, Florida

Zip

34974

Country

Okeechobee

4. FEI Number

65-0959933

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CONELY, TOM W III
 401 N.W. 6TH STREET
 OKEECHOBEE FL 34972**

7. Name and Address of New Registered Agent

Name

Edward R. Ates

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

1925 S.E. 9th Avenue

City

Okeechobee

FL

Zip Code

34974

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

Edward R. Ates

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 \$550.00
 After SEPTEMBER 13, 2000 Min. will be \$750.00
 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 **PSD** ☐ Delete
 NAME **ATES, EDWARD R**
 STREET ADDRESS **1925 S.E. 9th Ave.**
 CITY-ST-ZIP **Okeechobee, FL 34974**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 NAME
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 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:

Edward R. Ates

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward R. Ates, President

Date

Daytime Phone #

CP2E034 (5/00)