

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V51445

1. Entity Name

WALTER CAPITAL CORPORATION

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90100 017 ***150.00

Principal Place of Business

Mailing Address

2110 S ADAMS ST
SUITE 3
TALLAHASSEE FL 32301
US

679 BLACKSHEAU DR
SUITE D
THOMASVILLE FL 31792-0633
US

2. Principal Place of Business

9335 W. Tennessee st.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

4. FEI Number 59-3132621

Applied For
Not Applicable

Zip

32304

Country

USA

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

WADSWORTH, JAMES B JR
1040 E PARK AVE
SUITE D
TALLAHASSEE FL 32301

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

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	PD	<input type="checkbox"/> Delete
NAME	WALTER, EBE	
STREET ADDRESS	659C BLACKSHEAR DR	
CITY-ST-ZIP	THOMASVILLE FL 31792	
TITLE	V	<input type="checkbox"/> Delete
NAME	POMEROY, JOHN P	
STREET ADDRESS	1418 SILVER PINE LN	
CITY-ST-ZIP	TALL FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LADSON, WILLIAM F. III	
STREET ADDRESS	117 DUNIS ST	
CITY-ST-ZIP	THOMASVILLE FL 31792	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM F. LADSON	
STREET ADDRESS	904 GORDON AVE.	
CITY-ST-ZIP	THOMASVILLE, GA 31792	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00

Date

912-225-1730

Daytime Phone #