

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000174

1. Entity Name

WAVERLY DEVELOPMENT GROUP, L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 18 AM 11:43

Principal Place of Business

C/O ROBERT M. SCHIFFMAN
1430 WYNNTON ROAD
COLUMBUS GA 31906

Mailing Address

C/O ROBERT M. SCHIFFMAN
1430 WYNNTON ROAD
COLUMBUS GA 31906-2922

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

58-2347789

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TARKOW, STANLEY A
511 BAY ST., STE 410
TAMPA FL 33606

Name

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

511 Bay Street, Suite 309
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. Capital Contributions
as Shown on record.

\$1,900,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # M97000000180
NAME W DEVELOPMENT GROUP, LLC
STREET ADDRESS 1430 WYNNTON ROAD
CITY - ST - ZIP COLUMBUS GA 31906

STREET ADDRESS

CITY - ST - ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE OF Robert M. Schiffman

Date

Daytime Phone #

CR2E003 (9/99)