

# 2001 UNIFORM BUSINESS REPORT (UBR)

0017968 AF

DOCUMENT # B97000000174

1. Entity Name

WAVERLY DEVELOPMENT GROUP, L.P.

FILED

01 APR 16 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
C/O ROBERT M. SCHIFFMAN  
1430 WYNNNTON ROAD  
COLUMBUS GA 31906

Mailing Address  
C/O ROBERT M. SCHIFFMAN  
1430 WYNNNTON ROAD  
COLUMBUS GA 31906

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2347789

Applied For

Not Applicable

Zip

Country

Zip

Country

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. 309  
TAMPA FL 33606

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. 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 WYNNNTON ROAD  
CITY-ST-ZIP COLUMBUS GA 31906

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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STREET ADDRESS

CITY-ST-ZIP

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

BY: WCP HOLDINGS LLC, A GEORGIA LIMITED LIABILITY COMPANY, ITS MANAGER  
BY: WYNNNTON CAPITAL PARTNERS, L.P. A GEORGIA LIMITED PARTNERSHIP, ITS MANAGER  
SIGNATURE: B. WYNNNTON INTERNATIONAL, INC. A GEORGIA CORPORATION, ITS SOLE GP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

BY: TERRY L. REIS, TREASURER

*Terry L. Reis*

3/13/01

766/322-2714

CR2E003 (11/00)