

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004466

1. Entity Name

WC, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90078 028 ***150.00

Principal Place of Business

Mailing Address

4497 PARK DR.
NORCROSS GA 30093

4497 PARK DR.
NORCROSS GA 30093-2908

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-2302712**

Applied For

Not Applicable

Zip

Country

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

YERGLER, JON C
% LOWNDES DROSDICK ET AL.
215 N. EOLA DRIVE
ORLANDO FL 32801

Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
City
Plantation FL Zip Code
33324

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]

Jeffrey R. Graves
Assistant Secretary

4/11/2000
DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	WEEKS, A.R. JR.	
STREET ADDRESS	4497 PARK DR.	
CITY-ST-ZIP	NORCROSS GA 30093	
TITLE	D	<input type="checkbox"/> Delete
NAME	SENKBEIL, THOMAS D	
STREET ADDRESS	4497 PARK DR.	
CITY-ST-ZIP	NORCROSS GA 30093	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, FORREST W	
STREET ADDRESS	4497 PARK DR.	
CITY-ST-ZIP	NORCROSS GA 30093	
TITLE	P	<input type="checkbox"/> Delete
NAME	DUCKETT, CLYDE C	
STREET ADDRESS	4497 PARK DR.	
CITY-ST-ZIP	NORCROSS GA 30093	
TITLE	V	<input type="checkbox"/> Delete
NAME	FLOWERS, MARK W	
STREET ADDRESS	4497 PARK DR.	
CITY-ST-ZIP	NORCROSS GA 30093	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BELDEN, ELIZABETH C	
STREET ADDRESS	4497 PARK DR.	
CITY-ST-ZIP	NORCROSS GA 30093	

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	
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:

Elizabeth C. Belden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth C. Belden

4/19/00
Date

77-717-3226
Daytime Phone #

CP2E034 (9/99)

1506