

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90082 031 \*\*\*\*55.00

**DOCUMENT # L01000016357**

1. Entity Name  
**WEBCHILD L.L.C.**  
 dba "The Cafe"

Principal Place of Business <b>123 N CONGRESS AVE</b> <b>SUITE 304</b> <b>BOYNTON BEACH FL 33437</b>	Mailing Address <b>123 N CONGRESS AVE</b> <b>SUITE 304</b> <b>BOYNTON BEACH FL 33437</b>
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2. Principal Place of Business <b>6251 North Oriole Boulevard</b>	3. Mailing Address 
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State  
**Delray Beach, Florida**

Zip  
**33484**

Country  
**USA**

City & State

Zip Country

4. FEI Number  
**65-1145856**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GAYNES, DAVID M ESQ**  
**123 N CONGRESS AVE**  
**SUITE 304**  
**BOYNTON BEACH FL 33437**

**7. Name and Address of New Registered Agent**

Name  
**DAVID M. GAYNES, ESQUIRE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7153 Catania Drive**

City **Boynton Beach** **FL** Zip Code **33437**

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 *David M. Gaynes* **DAVID M. GAYNES, ESQUIRE** **1-10-2002**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS/MANAGERS**

TITLE <b>P</b>	<b>LUTHER D. CHILDRESS</b> <input type="checkbox"/> Delete
NAME	<b>7888 Sonoma Springs Circle</b>
STREET ADDRESS	<b>Boynton Beach, Florida 33403</b>
CITY-ST-ZIP	

TITLE <b>S</b>	<b>GARY M. WEBER</b> <input type="checkbox"/> Delete
NAME	<b>2958 S. W. 12th Street</b>
STREET ADDRESS	<b>Deerfield Beach, Florida 33442</b>
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	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**10. ADDITIONS/CHANGES**

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	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Luther D. Childress* **SIGNATURE REQUIRED LUTHER D. CHILDRESS** **1-10-2002** **(561) 496-2393**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)