

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L98000002375**

1. Entity Name  
**W-B REALTY HOLDINGS, L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT -3 AM 11:02

Principal Place of Business      Mailing Address  
6651 DARTER COURT      6651 DARTER COURT  
FORT PIERCE FL 34945      FORT PIERCE FL 34945-2722



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **05-0501384**      Applied For  
**APPLIED FOR**      Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE       Delete  
NAME      **MGR**  
STREET ADDRESS      **BURRUSS, WILLIAM F JR.**  
CITY-ST-ZIP      **6651 DARTER COURT  
FORT PIERCE FL 34945**

TITLE       Change       Addition  
NAME  
STREET ADDRESS      **300003417893--6**  
CITY-ST-ZIP      **-10/06/00--01143--003**

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Change       Addition  
NAME  
STREET ADDRESS      **\*\*\*\*\*50.00**  
CITY-ST-ZIP      **\*\*\*\*\*50.00**

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Delete  
NAME  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Change       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: W. BURRUSS **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)