

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002782

1. Entity Name
WF HOLDINGS, L.L.C.

APPROVED
AND
FILED

01 MAY -3 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
151 SAWGRASS CORNERS DRIVE, #202
POINTE VEDRA BEACH FL 32082

Mailing Address
151 SAWGRASS CORNERS DRIVE, #202
POINTE VEDRA BEACH FL 32082

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 59-3543563 Applied For Not Applicable

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

FAIRBANKS, RANDAL C
217 PONTE VEDRA PARK DRIVE, SUITE 200
PONTE VEDRA BEACH FL 32082

Name William A. Hamilton, III
Street Address (P.O. Box Number is Not Acceptable)
4729 Highway 17
Suite 203
Ponte Vedra Beach FL 32082

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 *William A. Hamilton* DATE 5-1-01
Signature, typed or printed name of registered agent and title if applicable. (NOT) Registered Agent signature required when reinstating

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

800004323648--0
-05/25/01--01073--004
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME FERBER, PAUL S
STREET ADDRESS 151 SAWGRASS CORNERS DRIVE, #202
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGR
NAME WALLACE, WILLIAM L
STREET ADDRESS 151 SAWGRASS CORNERS DRIVE, #202
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Paul S. Ferber*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-30-01
Date Daytime Phone #

0001775 AF

CR2E083 (11/00)