

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000154

1. Entity Name
WAYNE - C GROUP, L.C.

Principal Place of Business
625 LUCERNE AVENUE, SECOND FLOOR
LAKE WORTH FL 33460

Mailing Address
625 LUCERNE AVENUE, SECOND FLOOR
LAKE WORTH FL 33460

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 **APPLIED FOR**
65-0893956

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

BAKER, CHRISTOPHER J
625 LUCERNE AVENUE, SECOND FLOOR
LAKE WORTH FL 33460

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

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE **MGR**
NAME **CCB INVESTORS, INC.**
STREET ADDRESS **625 LUCERNE AVENUE, SECOND FLOOR**
CITY-ST-ZIP **LAKE WORTH FL 33460**

☒ Delete

TITLE **V.P.**
NAME **CHRISTOPHER J BAKER**
STREET ADDRESS **625 LUCERNE AVE, 2nd Floor**
CITY-ST-ZIP **LAKE WORTH, FL 33460**

☐ Change

☒ Addition

TITLE
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STREET ADDRESS
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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:

Colleen Baker
COLLEEN BAKER

5/17/01

561-588-8135

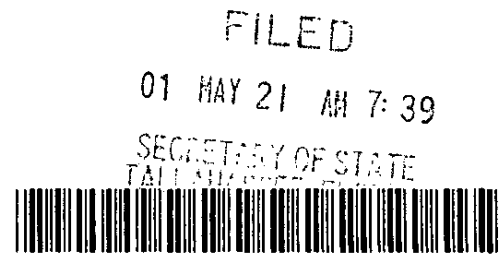
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0015472
AF

CR2E083 (11/00)



DO NOT WRITE IN THIS SPACE