

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000493

1. Entity Name
WC GEORGIA AVENUE, L.C.

FILED

01 MAR 30 AM 8: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
288-Z SMITH SUNDY ROAD
DELRAY BEACH FL 33446

Mailing Address
288-Z SMITH SUNDY ROAD
DELRAY BEACH FL 33446

2. Principal Place of Business

14450 SMITH SUNDY RD.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2652843

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

MOMBACH, GEOFFREY S ESQ
MOMBACH BOYLE & HARDIN, P.A.
500 EAST BROWARD BOULEVARD, SUITE 1950
FORT LAUDERDALE FL 33394

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

700003993007--1
-04/12/01--01006--012
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WOLF, STEVEN
288-Z SMITH SUNDY ROAD
DELRAY BEACH FL 33446

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
14450 Smith Sundry Rd.

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CHIANELLI, JAMES
21364 SHANNON RIDGE WAY
BOCA RATON FL 33428

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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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:

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

Steven Wolf

3/30/01

Date

(561) 498-5600

Daytime Phone #

CR2E083 (11/00)

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