

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90007 030 \*\*\*\*50.00

**DOCUMENT # L99000000493**

1. Entity Name

WC GEORGIA AVENUE, L.C.

Principal Place of Business

✓14450 SMITH SUNDY ROAD  
 ✓DELRAY BEACH FL 33446

Mailing Address

✓14450 SMITH SUNDY ROAD  
 ✓DELRAY BEACH FL 33446

2. Principal Place of Business

5801 N. Congress Ave.

Suite, Apt. #, etc.

3. Mailing Address

5801 N. Congress Ave.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33487

Country

USA

Zip

33487

Country

USA

4. FEI Number

59-2652843

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete  
 MGRM WOLF, STEVEN  
 STREET ADDRESS 14450 SMITH SUNDY ROAD  
 CITY-ST-ZIP DELRAY BEACH FL 33446

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

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition  
 STREET ADDRESS ✓ 5801 N. Congress Ave.  
 CITY-ST-ZIP ✓ Boca Raton, FL 33487

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

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

TITLE NAME ☐ Change ☐ Addition  
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TITLE NAME ☐ Change ☐ Addition  
 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: *Steve Wolf*

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

2/14/02

561-498-5600

Date

Daytime Phone #

CR2E083 (9/01)