

2001-2002
**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 DEC -5 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **LA990000001456**

1. Entity Name

**BWCC LLC (Broken Woods
Country Club)**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9001 W. Sample Road

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

Same

DO NOT WRITE IN THIS SPACE

City & State
Coral Springs, FL

City & State
Same

4. FEI Number

165-0905076

Applied For

Not Applicable

Zip
33065

Country
USA

Zip
Same

Country
Same

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

James Gallo

Street Address (P.O. Box Number is Not Acceptable)

9060 NW 32 Street

City

Coral Springs

FL

Zip Code

33065

**DO NOT WRITE
IN THIS SPACE**

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.

11/30/02

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

**000009370780
12/05/02-01026-011 **105.00**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
James Gallo
9060 NW 32 Street
Coral Springs, FL 33065**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
Dan Barteluce
1067 Arcadian Way
Fort Lee NJ, 07024**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
Emily Gallo-Walsh
1601 NW 84 Avenue
Coral Springs, FL 33065**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
Denise Fatigate
3204 NW 87 Avenue
Coral Springs, FL 33065**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

11/30/02 954 752 2140

CR2E083B (12/01)

292



Division of Corporations
P.O. Box 6478
Tallahassee, Fl. 32314

Re: BWCC LLC
9001 W. Sample Road
Coral Springs, Fl. 33065

To Whom It May Concern:

We never received a uniform business report form to send for the year 2001-2002. Evidently when we called to check the status, we were informed that there was a wrong address on record. Please accept this report along with our check for \$105.00 (\$5 for a certificate to be mailed to us). We apologize for any inconvenience.

Thank you,


James Gallo
Managing Partner