

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003448

1. Entity Name
WND, LLC

Principal Place of Business
910 S.W. 15TH AVENUE
DELRAY BEACH FL 33444

Mailing Address
910 S.W. 15TH AVENUE
DELRAY BEACH FL 33444-1322

APPROVED
AND
FILED

00 APR 22 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

65-0933270

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARSON, STEVEN R
222 LAKEVIEW AVE., SUITE 800
WEST PALM BEACH FL 33401

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

800003246058--8
-05/10/00--01009--018
*****55.00 *****55.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
DR. WILLIAM M. CHARDACK
547 GOLFVIEW DRIVE
GULFSTREAM FL 33483 ☐ Delete

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

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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: *DR. WILLIAM M. CHARDACK* APR 18, 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
Date
Daytime Phone # 561 276 4168

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1/19/0000

CR2E083 (9/99)