

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # M97000000180

1. Entity Name

W DEVELOPMENT GROUP, LLC

00 APR 18 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O ROBERT M. SCHIFFMAN
1430 WYNNTON ROAD
COLUMBUS GA 31906

Mailing Address

C/O ROBERT M. SCHIFFMAN
1430 WYNNTON ROAD
COLUMBUS GA 31906-2922

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MWM

DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2403795

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

TARKOW, STANLEY A
511 BAY ST. SUITE 410
TAMPA FL 33606

Name

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

511 Bay Street, Suite 309
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 MGRM ☐ Delete
NAME SCHIFFMAN, ROBERT M
STREET ADDRESS 1430 WYNNTON ROAD
CITY-ST-ZIP COLUMBUS GA 31906

TITLE ☐ Change ☐ Addition
NAME 200003236542--9
STREET ADDRESS -05/03/00--01031--017
CITY-ST-ZIP *****50.00 ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE REQUIRED
Robert M. Schiffman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

(706) 322-2914