

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000180

1. Entity Name

W DEVELOPMENT GROUP, LLC

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

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

58-2403795

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TARKOW, STANLEY A
511 BAY ST, SUITE 309
TAMPA FL 33606

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

400004036714--2
-04/20/01--01118--021
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM
NAME SCHIFFMAN, ROBERT M
STREET ADDRESS 1430 WYNNTON ROAD
CITY-ST-ZIP COLUMBUS GA 31906 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM
NAME WCP HOLDINGS LLC
STREET ADDRESS 1430 WYNNTON ROAD
CITY-ST-ZIP COLUMBUS, GA 31906 ☒ Change ☐ Addition

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
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:

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

Date

Daytime Phone #

CR2E083 (11/00)

0027558 AF

FILED

01 APR 16 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

By: WYNNTON CAPITAL PARTNERS, L.P., A GEORGIA LIMITED PARTNERSHIP
By: WYNNTON INTERNATIONAL INC, A GEORGIA CORPORATION, ITS SOLE GP

TEAR 1. DEIS

2/1/01

206122-7914