

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2002 8:00 am**  
**Secretary of State**

02-06-2002 90016 026 \*\*\*150.00

**DOCUMENT # P94000048424**

1. Entity Name  
**THE WOLFSON GROUP REAL ESTATE DIVISION, INC.**

Principal Place of Business  
**3733 UNIVERSITY BLVD. W.**  
**#208**  
**JACKSONVILLE FL 32217**  
**US**

Mailing Address  
**3733 UNIVERSITY BLVD. W.**  
**#208**  
**JACKSONVILLE FL 32217**  
**US**

2. Principal Place of Business  
**P.O. Box 008 331545**

3. Mailing Address  
**P.O. Box ~~008~~ 331545**

Suite, Apt. #, etc.

City & State  
**ATLANTIC BEACH FL**

City & State  
**ATLANTIC BEACH FL**

Zip  
**32233-1545**

Country  
**USA**

Zip  
**32233-1545**

Country  
**USA**

6. Name and Address of Current Registered Agent

**GREEN, MARK M**  
**136 E BAY ST**  
**JACKSONVILLE FL 32202**

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

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐ **\$5.00 May Be**  
**Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE  
**PD** ☒ Delete  
 NAME  
**WOLFSON, RICHARD J**  
 STREET ADDRESS  
**1301 FIRST ST. #1101**  
 CITY-ST-ZIP  
**JACKSONVILLE BEACH FL 32250**

TITLE  
**VP, PRESIDENT** ☐ Delete  
 NAME  
**WOLFSON, DONALD M**  
 STREET ADDRESS  
**1725 BEACH AVE.**  
 CITY-ST-ZIP  
**ATLANTIC BEACH FL 32233**

TITLE  
**D. PRES. VP** ☐ Delete  
 NAME  
**WOLFSON, SAUL**  
 STREET ADDRESS  
**3750 EPPING FORST WAY N.**  
 CITY-ST-ZIP  
**JACKSONVILLE FL 32217**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
**PRESIDENT, DIRECTOR** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
**VICE PRESIDENT, DIRECTOR** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**Donald M. Wolfson (Donald M. WOLFSON)**

**2/7/02**

**904-354-9600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #