

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90029 035 \*\*\*150.00

**DOCUMENT # P97000084466**

1. Entity Name

WCC/FL/01, INC.

Principal Place of Business

4200 WACKENHUT DRIVE #100  
 PALM BEACH GARDENS FL 33410

Mailing Address

4200 WACKENHUT DRIVE #100  
 PALM BEACH GARDENS FL 33410

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 **65-0785296**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOWARD, TIMOTHY J  
 4200 WACKENHUT DRIVE #100  
 PALM BEACH GARDENS FL 33410

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME DC  
 STREET ADDRESS WACKENHUT, RICHARD R  
 CITY-ST-ZIP 135 SOUTH RIVER ROAD  
 STUART FL 34996

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 4200 Wackenhut Drive  
 CITY-ST-ZIP Palm Beach Gardens FL 33410-4243

TITLE ☐ Delete  
 NAME DP  
 STREET ADDRESS ZOLEY, GEORGE C  
 CITY-ST-ZIP 4 CAYUGA LANE  
 SEA RANCH LAKES FL 33308

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

TITLE ☐ Delete  
 NAME DV  
 STREET ADDRESS CALABRESE, WAYNE H  
 CITY-ST-ZIP 123 OCEAN KEY WAY  
 JUPITER FL 33477-4243

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

TITLE ☐ Delete  
 NAME V  
 STREET ADDRESS GREEN, IAN A  
 CITY-ST-ZIP 12764 N.W. 15 STREET  
 SUNRISE FL 33323

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 4200 WACKENHUT DRIVE  
 CITY-ST-ZIP PALM BEACH GARDENS FL 33410-4243

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME AT/S  
 STREET ADDRESS DAVID N.T. WATSON  
 CITY-ST-ZIP 1083 SIENNA OAKS CIRCL2  
 P.B.G. FL 33418

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IAN A. GREEN V.P. TAX

Date

Daytime Phone #

4/5/01 (561)622-5656

CR2E034 (10/00)