## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P97000084466

1. Entity Name



## **FILED** May 05, 2003 8:00 am Secretary of State

05-05-2003 92203 018 \*\*\*150.00

65-0785296	Applied For								
03-0700280	Not Applicable								
Certificate of Status Desired	\$8.75 Additional Fee Required								
ame and Address of New Registered Agent									
ox Number is Not Acceptable)									
FL FL	33707								
ent, or both, in the State of Florida. I am	familiar with, and accept								
,									
4/29	103								
nstating) DATE									
<u> </u>									
9. Election Campaign Financing	\$5.00 May Be								
Trust Fund Contribution.	Added to Fees								
DITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11								
	☐ Change ☐ Addition								
	•								
	Change								
GEORGE C.									
1 53RD STREET. SUITE TOO	2								
440N, FZ 33487	(								
	Change Addition								
ESE, WAYNE H.	-								
53AD SHEET. SuitE700									
140N, FL 33487									
	☐ Change ☐ Addition								
	ĺ								

WCC/FL/0	)1, INC.				(			V				
Principal Place of Business 4200 WACKENHUT DRIVE #100 PALM-BEACH GARDENS-FL 39410			Mailing Address 4200 WACKENHUT BRIVE #100 PALM BEACH GARDENS FL 33410								3	
2. Principal Place of Business				3. Mailing Address 621 NW 5300 Staget						5111 <b>66</b> 111 <b>66</b> 181 18		188 <b>0 (</b> 1881 1888)
621 NW 53RD STREET Suite, Apt. #, etc. Suite 700				Suite, Apt. #, etc. Suite 700				CHECK HERE IF MAKING CHANGES				
City & State BOCA RATON, FE				City & State Boas Baton, FC				4. FEI	4. FEI Number 65-0785296			plied For t Applicable
Zip Country 33487 CSA			Zip 3.	3487	try 5A	5. Certificate of Status Desired				\$8.75 Additional Fee Required		
	6. Name	and Address of Current	Registere	d Agent				7. Nan	ne and Address of New	Registered A	gent	
OH # FINE 4	ALINE I				·	Name			•	7,		
BULFIN, JOHN J <del>-4200 WACKENHUT DRIVE #10</del> 0						Street Address (P.O. Box Number is Not Acceptable) 621 NW S3AD STREET						
PALM BE/	<del>ICH GARDE</del>	<del>NS FL 33410-424</del> 3			,	Sun	Le 70	20				
				•		City	CAR	Pa La	./	FL	Zip Code 334	
8. The above	named entity	submits this statement fo	r the purp	ose of changing its	registere	ed office or	registere	ed agent	or both, in the State of F			
the obligat	tions øffegist			JOHN J. B.					,	4/29		
SIGNATURE	Signature, typed	or printed name of registered a lent	and title if appl			Agent signati	ure required v	when reinst	ating)	DATE	103-	
<sup>Ç</sup> Afte	r May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of	f State		_				Election Campaign F     Trust Fund Contributi	~ —		0 May Be to Fees
10.		OFFICERS AND	DIRECTO	RS	11,			ADDI	TIONS/CHANGES TO OF	FICERS AND	DIRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4200 WAC	UT, RICHARD R KENHUL DRIVE CH GARDENS FL 3341	0-4243	Delete							☐ Change	Addition .
TITLE	DP			☐ Delete	TITLE		DP		EORGE C.		Change	Addition
	ZOLEY, GE 4 CAYUGA	LANE				ET ADDRESS	621	NW	53RD STREET. S			
CITY-ST-ZIP	<del></del>	H LAKES FL 33308				ST-ZIP	DV	9 154	ton, FL 3348	57		<u></u>
TITLE -	DV CALABBES	E, WAYNE H		☐ Delete	TITLE	1		9 BRES	E, WAYNE H.	•	≥ Change .	- 🔲 Addition
STREET ADDRESS		N KEY WAY				T ADDRESS	621 N	/W 5	53RD STREET, SUI	1000		
CITY-ST-ZIP		L 33477-4243			CITY-	ST-ZIP	BOCA	BAY	LON, FL 3348:	7		
TITLE	V			☐ Delete	TITLE						☐ Change	Addition
NAMÉ	GREEN, IA	N A			NAME							
		KENHUT DRIVE				T ADDRESS	ļ					
CITY-ST-ZIP	<del></del>	CH GARDENS FL 3341	0-4243		CITY-	ST-ZIP			<u></u>			
TITLE	ATS	D414D M.T		☐ Delete	TITLE		ATS	7	DAUID N.T.		<b>⊠</b> Change	☐ Addition
NAME STREET ADDRESS	WATSON,	DAVID N.T NA OAKS CIRCLE			NAME	T ADDRESS			SAUID N. 1. 53RD SIREET, SI	1.1= 7nn		
CiTY-ST-ZIP		VA UANS CINCLE CH GARDENS FL 3341	R			ST-ZIP	•		GN, FL 33487	A17E 100		
	I ALM DEA	UT CARDENO FE 3341					JUL M	1/4/	00116 30707		Change	Addition
TITLE NAME	}			☐ Delete	TITLE	1					Change	Addition
STREET ADDRESS						T ADDRESS						

12. 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 10 or Block 11 if changed, or on an attachment with a

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #