

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

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

0385136  
AV

**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  
**621 NW 53RD STREET**

3. Mailing Address  
**621 NW 53RD STREET**

Suite, Apt. #, etc.  
**Suite 700**

Suite, Apt. #, etc.  
**Suite 700**

City & State  
**BOCA RATON, FL**

City & State  
**BOCA RATON, FL**

4. FEI Number  
**65-0785296**

Applied For  
Not Applicable

☒ CHECK HERE IF MAKING CHANGES

Zip  
**33487**

Country  
**USA**

Zip  
**33487**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**BULFIN, JOHN J**  
**4200 WACKENHUT DRIVE #100**  
**PALM BEACH GARDENS FL 33410-4243**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**621 NW 53RD STREET**  
**Suite 700**  
City **BOCA RATON** FL Zip Code **33487**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John J. Bulfin* **JOHN J. BULFIN**

DATE **4/29/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

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

## 10. OFFICERS AND DIRECTORS

TITLE **DC** ☒ Delete  
NAME **WACKENHUT, RICHARD R**  
STREET ADDRESS **4200 WACKENHUT DRIVE**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410-4243**

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

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

TITLE **V** ☐ Delete  
NAME **GREEN, IAN A**  
STREET ADDRESS **4200 WACKENHUT DRIVE**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410-4243**

TITLE **ATS** ☐ Delete  
NAME **WATSON, DAVID N.T**  
STREET ADDRESS **1083 SIENNA OAKS CIRCLE**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **DP** ☒ Change ☐ Addition  
NAME **ZOLEY, GEORGE C.**  
STREET ADDRESS **621 NW 53RD STREET, Suite 700**  
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE **DV** ☒ Change ☐ Addition  
NAME **CALABRESE, WAYNE H.**  
STREET ADDRESS **621 NW 53RD STREET, Suite 700**  
CITY-ST-ZIP **BOCA RATON, FL 33487**

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

TITLE **ATS** ☒ Change ☐ Addition  
NAME **WATSON, DAVID N.T.**  
STREET ADDRESS **621 NW 53RD STREET, Suite 700**  
CITY-ST-ZIP **BOCA RATON, FL 33487**

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

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 an address, with all other like empowered.

SIGNATURE: *David N.T. Watson* **DAVID N.T. WATSON, ASST. TREAS.**

DATE **4/29/03** (561) 893-0101  
Daytime Phone #

CR2E034 (10/02)