

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 92203 015 ***150.00

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DOCUMENT # P97000084472

1. Entity Name
WCC/FL/02, INC.



Principal Place of Business
**4200 WACKENHUT DRIVE #100
PALM BEACH GARDENS FL 33410-4243**

Mailing Address
**4200 WACKENHUT DRIVE #100
PALM BEACH GARDENS FL 33410-4243**



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
65-0785293

Applied For
Not Applicable

Zip
33487

Country
USA

Zip
33487

Country
USA

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

☒ CHECK HERE IF MAKING CHANGES

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** 4/29/03
Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	DC WACKENHUT, RICHARD R 135 S RIVER RD STUART FL 34996	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZOLEY, GEORGE C 4 CAYUGA LN SEA RANCH LAKES FL 33308	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CALABRESE, WAYNE H 123 OCEAN KEY WY JUPITER FL 33477	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREEN, IAN 12764 NW 15 ST SUNRISE FL 33323	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZOLEY, GEORGE C. 621 NW 53RD STREET, SUITE 700 BOCA RATON, FL 33487	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CALABRESE, WAYNE H. 621 NW 53RD STREET, SUITE 700 BOCA RATON, FL 33487	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATS WATSON, DAVID N.T. 621 NW 53RD STREET, SUITE 700 BOCA RATON, FL 33487	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 Watson* **DAVID WATSON** 4/29/03 **(561) 893-0101**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)