

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000000338

1. Entity Name

WCG ASSOCIATES, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90028 047 ***150.00

Principal Place of Business

Mailing Address

C/O MOSHER AND SCHNEIDER, P.A.
1001 FLAGLER CENTER, 505 SOUTH FLAGLER DR
WEST PALM BEACH FL 33401

C/O MOSHER AND SCHNEIDER, P.A.
1001 FLAGLER CENTER, 505 SOUTH FLAGLER DR
WEST PALM BEACH FL 33401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

250 Australian Avenue

3. Mailing Address

250 Australian Avenue

Suite, Apt. #, etc.

1550 Clearlake Centre

Suite, Apt. #, etc.

1550 Clearlake Centre

City & State

West Palm Beach, Florida

City & State

West Palm Beach, Florida

4. FEI Number

65-0805196

Applied For

Not Applicable

Zip

33401

Country

USA

Zip

33401

Country

USA

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

SCHNEIDER, JOHN C ESQ.
MOSHER AND SCHNEIDER, P.A.
1001 FLAGLER CENTER, 505 SOUTH FLAGLER DR
WEST PALM BEACH FL 33401

Name

Schneider, John C.

Street Address (P.O. Box Number is Not Acceptable)

250 Australian Avenue

1550 Clearlake Centre

City

West Palm Beach

FL

Zip Code
33401

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 *Wendy Gruber* W. GRUBER / Pres.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
P	GRUMBER, WENDY	230 PLYMOUTH RD	WEST PALM BCH FL 33405	☐
				☐
				☐
				☐
				☐
				☐
				☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☒ Change	☐ Addition
	GRUBER, WENDY			☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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

Date

Daytime Phone #

Wendy Gruber WENDY GRUBER / Pres. 4/27/2000 561-5820361

CR2E034 (9/99)