

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058948

1. Entity Name

WR HOLDINGS, INC.

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90078 028 ***150.00

Principal Place of Business

150 E. PALMETTO PARK ROAD, SUITE 700
BOCA RATON FL 33432

Mailing Address

150 E. PALMETTO PARK ROAD, SUITE 700
BOCA RATON FL 33432

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 65-0930076

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

GELLER, BETH M
150 E. PALMETTO PARK ROAD, SUITE 700
BOCA RATON FL 33432

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 ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOD
GRILLO, VICTOR N SR
1017 GRAND COURT
HIGHLAND BEACH FL 33487 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
GRILLI, VICTOR D JR
14 DOESKIN DRIVE
FRAMINGHAM MA 01701 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
WYSOCKI, RAYMOND J JR
15 STONECROFT CIRCLE
WESTON MA 02193 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
GELLER, BETH N
18566 HARBOUR LIGHT WAY
BOCA RATON FL 33498 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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

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: *Beth N Geller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)