

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90006 004 \*\*\*150.00

**DOCUMENT # F98000005376**

1. Entity Name  
**WCC MERGER CORPORATION**

Principal Place of Business PO BOX 2273 ORLANDO FL 32802	Mailing Address PO BOX 2273 ORLANDO FL 32802-2273
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country	4. FEI Number <b>58-2409339</b>	Applied For Not Applicable
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6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CAYE, CHARLES G JR</b> <b>923 BROAD STREET</b> <b>AUGUSTA GA 30901</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>HALL, A. S JR</b> <b>923 BROAD STREET</b> <b>AUGUSTA GA 30901</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President/Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>20 N. Orange Ave., Suite 200</b> <b>Orlando, FL 32801</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>ZEPE, J. S</b> <b>923 BROAD STREET</b> <b>AUGUSTA GA 30901</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>20 N. Orange Ave., Suite 200</b> <b>Orlando, FL 32801</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BUTTERFIELD, BENJAMIN</b> <b>923 BROAD STREET</b> <b>AUGUSTA GA 30901</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>20 N. Orange Ave., Suite 200</b> <b>Orlando, FL 32801</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASAT</b> <b>CLARK, JAY</b> <b>923 BROAD STREET</b> <b>AUGUSTA GA 30901</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>20 N. Orange Ave., Suite 200</b> <b>Orlando, FL 32801</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Director</b> <b>David H. Hughes</b> <b>20 N. Orange Ave., Suite 200</b> <b>Orlando, FL 32801</b>

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:** *Stewart Hall, Jr.* **SIGNATURE REQUIRED** **Stewart Hall, Jr.** **2/3/00** **407-841-4755**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)