

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90142 042 \*\*\*150.00

**DOCUMENT # L43537**  
**1. Entity Name**  
**TCI REAL ESTATE, INC.**

<b>Principal Place of Business</b> 1248 VISCAVA PARKWAY CAPE CORAL FL 33990 US	<b>Mailing Address</b> 1248 VISCAVA PARKWAY CAPE CORAL FL 33990 US
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<b>2. Principal Place of Business</b> Suite, Apt. #, etc. City & State Zip	<b>3. Mailing Address</b> Suite, Apt. #, etc. City & State Zip	<b>Country</b>
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DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 65-0191811	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> HALICZER, JAMES S ESQ 101 N.E. THIRD AVENUE, SUITE 600 FT LAUDERDALE FL 33301	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> (See criteria on back)	<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>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete <b>TRACEY, DAVID G</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1248 VISCAYA PARKWAY</b>	NAME	
STREET ADDRESS	<b>CAPE CORAL FL</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete <b>TRACEY, JOSEPH H</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1248 VISCAYA PARKWAY</b>	NAME	
STREET ADDRESS	<b>CAPE CORAL FL</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete <b>CRAMER, DIANE M</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1248 VISCAYA PARKWAY</b>	NAME	
STREET ADDRESS	<b>CAPE CORAL FL</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete <b>HALICZER, JAMES</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>101 N.E. THIRD AVENUE, SUITE 600</b>	NAME	
STREET ADDRESS	<b>FT LAUDERDALE FL 33301</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**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 REQUIRED** \_\_\_\_\_ *Pres.* \_\_\_\_\_ **941-574-4900**  
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)