

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90278 007 ***150.00

DOCUMENT # L43537



1. Entity Name
TCI REAL ESTATE, INC.

Principal Place of Business
**1248 VISCAYA PARKWAY
CAPE CORAL FL 33990
US**

Mailing Address
**1248 VISCAYA PARKWAY
CAPE CORAL FL 33990
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0191811**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

**HALICZER, JAMES S ESQ
101 N.E. THIRD AVENUE, SUITE 600
FT LAUDERDALE FL 33301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	TRACEY, DAVID G
STREET ADDRESS	1248 VISCAYA PARKWAY
CITY-ST-ZIP	CAPE CORAL FL
TITLE	D <input type="checkbox"/> Delete
NAME	TRACEY, JOSEPH H
STREET ADDRESS	1248 VISCAYA PARKWAY
CITY-ST-ZIP	CAPE CORAL FL
TITLE	D <input type="checkbox"/> Delete
NAME	CRAMER, DIANE M
STREET ADDRESS	1248 VISCAYA PARKWAY
CITY-ST-ZIP	CAPE CORAL FL
TITLE	D <input type="checkbox"/> Delete
NAME	HALICZER, JAMES
STREET ADDRESS	101 N.E. THIRD AVENUE, SUITE 600
CITY-ST-ZIP	FT LAUDERDALE FL 33301
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-22-03** Daytime Phone # **239-574-4900**

CR2E034 (10/02)