

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 634074**1. Entity Name  
**WCA, INC.**Principal Place of Business  
**225 WATER ST. SUITE#1600  
JACKSONVILLE FL 32202**Mailing Address  
**225 WATER ST. SUITE#1600  
JACKSONVILLE FL 32202**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 6. Name and Address of Current Registered Agent

**BRANT, MOORE, SAPP, MACDONALD & WELLS PA  
50 NORTH LAURA, SUITE 3100  
BARNETT CENTER  
JACKSONVILLE FL 32202**

## 7. Name and Address of New Registered Agent

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

## 11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
BENTON, LURA A  
225 LAURA ST #1600  
JACKSONVILLE FL 32202** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
RUSSELL, MICHAEL T  
255 WATER ST., #1600  
JACKSONVILLE FL 32202** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ASD  
BRANT, WILLIAM P.  
50 N LAURA ST., #3100  
JACKSONVILLE FL** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CCD  
EDDINGS, J. CARSON  
225 WATER ST., #1600  
JACKSONVILLE FL 32202** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VCFO  
GOLDEN, STEPHEN, D  
225 WATER ST., #1600  
JACKSONVILLE FL** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
VICKERS, SAMUEL H.  
2913 WESTSIDE BLVD  
JACKSONVILLE FL** ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C/D  
Benton, Lura A.  
225 Water Street - Suite 1600  
Jacksonville, FL 32202** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEO/P/D  
Russell, Michael T.  
225 Water Street - Suite 1600  
Jacksonville, FL 32202** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VC/D  
Eddings, J. Carson  
225 Water Street - Suite 1600  
Jacksonville, FL 32202** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VC/D  
Eddings, J. Carson  
225 Water Street - Suite 1600  
Jacksonville, FL 32202** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VC/D  
Eddings, J. Carson  
225 Water Street - Suite 1600  
Jacksonville, FL 32202** ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VC/D  
Eddings, J. Carson  
225 Water Street - Suite 1600  
Jacksonville, FL 32202** ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Michael T. Russell, CEO and President**

4/11/01

Date

**904/353-3911****FILED  
Apr 14, 2001 8:00 am  
Secretary of State**

04-14-2001 90042 050 \*\*\*150.00

00040701



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1933123**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

CP2E034 (10/00)

Attachment

2001 UNIFORM BUSINESS REPORT (UBR)  
ADDENDUM TO  
DOCUMENT NO. 634074  
WCA, INC.  
PAGE 1

Doc. # 634074  
A0048701

11. Officers and Directors		12. Additions/Changes to Officers & Directors in 11	
Title	S	Title	S <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION
Name		Name	Al L. Schneider
Street Address		Street Address	50 N. Laura Street -- Suite 3100
City-State-Zip		City-State-Zip	Jacksonville, FL 32202
Title	<input type="checkbox"/> DELETE	Title	T/D <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION
Name		Name	Bernard C. Schramm, Jr.
Street Address		Street Address	225 Water Street
City-State-Zip		City-State-Zip	Jacksonville, FL 32202