

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90016 038 \*\*\*150.00

**DOCUMENT # G52052**  
 1. Entity Name  
**WCI, INC.**

Principal Place of Business: **4535 CENTRAL AVENUE ST. PETERSBURG FL 33713**  
 Mailing Address: **4535 CENTRAL AVENUE ST. PETERSBURG FL 33710-0137**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **3701 13th Way N.E.**  
 Suite, Apt. #, etc.: **5**

3. Mailing Address: **3701 13th Way N.E.**  
 Suite, Apt. #, etc.:

City & State: **St. Petersburg, FL**  
 City & State: **St. Petersburg, FL**

Zip: **33703** Country: **Pinellas**  
 Zip: **33703** Country: **Pinellas**

4. FEI Number: **59-2350631**  
 Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
**DANN, PHILIP W.**  
**540 4TH ST NO.**  
**ST. PETERSBURG FL 33701**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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, 2000 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: <b>P</b> <input type="checkbox"/> Delete	NAME: <b>CLARK, ROBERT P.</b>
STREET ADDRESS: <b>4535 CENTRAL AVE.</b>	CITY-ST-ZIP: <b>ST. PETERSBURG FL</b>
TITLE: <b>EV</b> <input type="checkbox"/> Delete	NAME: <b>CURTIS, JR., R. WILLIAM</b>
STREET ADDRESS: <b>4535 CENTRAL AVE.</b>	CITY-ST-ZIP: <b>ST. PETERSBURG FL</b>
TITLE: <b>V</b> <input type="checkbox"/> Delete	NAME: <b>MURPHY, D. WAYNE</b>
STREET ADDRESS: <b>4535 CENTRAL AVE.</b>	CITY-ST-ZIP: <b>ST. PETERSBURG FL</b>
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"/> Delete	NAME:
STREET ADDRESS:	CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS: <b>3701 13th Way NE.</b>	CITY-ST-ZIP: <b>ST. Petersburg, FL 33703</b>
TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS: <b>8765 15th St. No</b>	CITY-ST-ZIP: <b>ST. Petersburg, FL 33702</b>
TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS: <b>4996 LAMBRIDGE CT #38-102</b>	CITY-ST-ZIP: <b>PALM HARBOR, FL 34685</b>
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	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: Robert P. Clark Pres. **2/23/00** (727) 522-6369  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ROBERT P. CLARK, PRESIDENT**  
 Date: Daytime Phone #

CR2E034 (9/99)