

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90032 047 \*\*\*150.00

**DOCUMENT # K28285**

1. Entity Name  
**FLORIDA WEST COAST REALTY, INC.**

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Principal Place of Business      Mailing Address  
**3220 TOWHEE ST**                      **3220 TOWHEE ST**  
**ENGLEWOOD FL 34224**                **ENGLEWOOD FL 34224**

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2. Principal Place of Business      3. Mailing Address

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Suite, Apt. #, etc.                      Suite, Apt. #, etc.

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City & State                              City & State

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Zip      Country                      Zip      Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>SCHIRO, DIANA B.</b> <b>3220 TOWHEE ST</b> <b>ENGLEWOOD FL 34224</b>				Name <i>Wanda Jean Leach</i>			
				Street Address (P.O. Box Number is Not Acceptable)			
				<i>1499 South Mc Call Rd. Suite C</i>			
				City <i>Englewood</i>		FL	Zip Code <i>34223</i>

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 *Wanda Jean Leach*      *Wanda Jean Leach*      *4-16-2001*

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPV <b>SCHIRO, DIANA B.</b> <b>3220 TOWHEE ST</b> <b>ENGLEWOOD FL</b>	TITLE	<i>DPV</i> <i>Wanda Jean Leach</i> <i>1499 S. Mc Call Rd. Suite C</i> <i>Englewood FL 34223</i>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Wanda Jean Leach*      *4-16-2001*      *941*      *494-7171*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)