

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006064

1. Entity Name

WCI COMMUNITIES/MERCEDES BENZ OF FORT MYERS JUNI

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90516 001 \*\*\*367.50

Principal Place of Business

Mailing Address

24301 WALDEN CENTER DRIVE  
 BONITA SPRINGS FL 34134

24301 WALDEN CENTER DRIVE  
 BONITA SPRINGS FL 34134-4920

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3609219

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HASTINGS, VIVIEN N  
 24301 WALDEN CENTER DRIVE  
 BONITA SPRINGS FL 34134

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	FRY, DAVID L	
STREET ADDRESS	24301 WALDEN CENTER DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATTHEWS, RAYMOND	
STREET ADDRESS	24301 WALDEN CENTER DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEBER, EDWARD J	
STREET ADDRESS	24301 WALDEN CENTER DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
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		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David E. Fry	
STREET ADDRESS	24301 Walden Center Drive	
CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raymond Matthews	
STREET ADDRESS	24301 Walden Center Drive	
CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edward J. Weber	
STREET ADDRESS	24301 Walden Center Drive	
CITY-ST-ZIP	Bonita Springs, FL 34134	
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		

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 617, 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: David L. Fry, Director 941-947-2600 4/11/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)