

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
 FILED
 FEB 27 2002 90130 001 ***900.00
 P01000047010

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DOCUMENT # P01000047010
 1. Entity Name
WCI CAPITAL CORPORATION

02 FEB 27 PM 3: 21

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
24301 WALDEN CENTER DR **24301 WALDEN CENTER DR**
BONITA SPRINGS FL 34134 **BONITA SPRINGS FL 34134**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-1108622 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
HASTINGS, VIVIEN N
24301 WALDEN CENTER DR
BONITA SPRINGS FL 34134

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 _____

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, 2002 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	D <input type="checkbox"/> Delete STARKEY, JERRY L 24301 WALDEN CENTER DR BONITA SPRINGS FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DIETZ, JAMES P 24301 WALDEN CENTER DR BONITA SPRINGS FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Starkey, Jerry L. 24301 Walden Center Drive Bonita Springs, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Dietz, James P. 24301 Walden Center Drive Bonita Springs, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Cullen, James D. 24301 Walden Center Drive Bonita Springs, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Hastings, Vivien N. 24301 Walden Center Drive Bonita Springs, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(l), 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: Vivien N. Hastings, Secretary 1/23/02 (941) 947-2600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)