2000 UNIFORM BUSINESS REPORT (UBR)

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # **P98000046427** Mar 29, 2000 8:00 am **Secretary of State** WCI CONSTRUCTION, INC. 03-29-2000 90057 022 ***150.00 Mailing Address Principal Place of Business **673 ANDOVER CIRCLE** 673 ANDOVER CIRCLE WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708-6112 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3514856 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Jesse E. Graham, Jr., Esq. Graham, Clark, Jones, Builder, Pratt & Marks Street Address (P.O. Box Number is Not Acceptable) 369 N. New York Avenue, Third Floor KIPI, JEFFERY T 475 W. BROADWAY SUITE 2 OVIEDO FL 32765 ^{∠ip} Code 32789 /Park egistered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered off de or 3-20-00 Jesse E. Graham, Jr. Signature, typed or printed name of registered agent and title if applicable. consture required when reinstating) FILE NOW!!! FEE **/**\$,∕\$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be will be \$550.00 After MAY 1, 2000 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to pertment of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. ☐ Change Addition TITLE ☐ Delete TITLE WILSON, GLEN MACKIE NAME NAME STREET ADDRESS STREET ADDRESS **673 ANDOVER CIRCLE** CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL 32708 Change Addition ☐ Delete TITLE TITLE MALISHEWSKY, GEORGE NAME STREET ADDRESS STREET ADDRESS 673 ANDOVER CIRCLE CITY-ST-ZIP CITY-ST-7IE WINTER SPRINGS FL 32708 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Innitiboa [T] Delete TITLE TITLE NAME NAME STREET ADDRESS 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 attachmer with an address, with all other like empowered