FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL	
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner			
Officer (give title Other (specify below) below)	,		
6. Individual or Joint/Group Filing (Check Applical Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person	ole		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned			
d (A) or Securities Form: Direct of Indirect (I) Owned Following (Instr. 4)	irect cial ship		
Price Reported Transaction(s) (Instr. 3 and 4)	,		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)			
of Derivative Securities Securities Beneficially (Instr. 5) Owned Forms Grange (Instr. 4) Owned Following Reported Transaction(s) (Instr. 4) Owned Following Reported Transaction(s) (Instr. 4)	irect cial ship		
d f g ns	icially Owned ities) d		

Explanation of Responses:

Lori Cameron Attorney-in-Fact for WCB Holdings, LLC

06/05/2003

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.