## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address 541 S. ORLANDO AVE.

## DOCUMENT # F98000001249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE:** 

Principal Place of Business

541 S. ORLANDO AVE.

TCR CONSTRUCTION II, INC.

STE 210 MAITLAND FL 32751			STE 210 MAITLAND FL 32789-3163				rana1414			
				_						
2. Principal Pl	ace of Busin	ess	3. Mailing Address							
201 N. New York Ave.			201 N. New York Ave.				1 (93)(13) [[10   10]01   10]111   10]11   10]11   10]111   10]11   10]11   10]11   10	/EIE/ 11816 /1911 B/E	10 1011 1031	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS	3 SPACE		
Suite 2	00		Suite 200				<u> </u>	<del></del>		
City & State	•		City & State			4. F	El Number 75-2751395	<u> </u>	plied For	
Winter Park, FL			Winter Park, FL			_			t Applicable	
Zip <b>32789</b>			Zip <b>32789</b>			5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of Current F	legistered Agent	gistered Agent		7. Name and Address of New Registered Agent				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525					Street Address (P.O. Box Number is Not Acceptable)					
										City FL Zip Code
					8. The above	named entity	y submits this statement for	the purpose of changing it	s registered of	fice or reg
							:			
OLONIATURE							·			
SIGNATURE _	Signature, typed	or printed name of registered agent ar	nd title if applicable (NO	TE: Registered Age	nt signature re	equired when reit	nstating) DATE		-	
9. This corporation is eligible to satisfy its Intangible						1 10, Election Campaign Financing \$5 181 May Re			May Be	
_	equirement a ia on back)	and elects to do so.	After MAY 1, 2			Trust Fund Contribution. Added to Fees				
(See criteri	ia on back)		Make Check Paya	ible to Depar	tment of					
11. OFFICERS AND DIRECTORS						ADÍ	DITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS	S IN 11	
TITLE	P		☐ Delete	TITLE				🛣 Change	Addition	
NAME	GOHERTY, ROBERT									
STREET ADDRESS	ADDRESS 541 S. ORLANDO AVE. #210				DRESS 20					
CITY-ST-ZIP	TY-ST-ZIP MAITLAND FL 32751				IP W:	inter	Park, FL 32789			
TITLE	VD		☐ Delete	TITLE			<del></del>	Change	☐ Addition	
NAME	HOEKSE	MA, DOUGLAS A		NAME						
STREET ADDRESS	541 S. ORLANDO AVE. #210			STREET AD	TADDRESS 201 N. New York Ave., Suite 200					
CITY-ST-ZIP	MAITLAND FL 32751			CITY-ST-Z	Winter Park, FL 32789				Ì	
TITL C	PD	D 1 C 02/01	☐ Delete	TITLE				☐ Change	☐ Addition	
TITLE		CED IK	Delete	NAME	ļ					
NAME	TERWILLIGER, J K				DRESS					
	STREET ADDRESS 2859 PACES FERRY RD., STE 1400								i	
CITY-ST-ZIP	ATLANTA	GA	· · · · · · · · · · · · · · · · · · ·	CITY-ST-Z		म्			SEE A CHIE	
TITLE	VST		Delete	TITLE NAME	V.		W: 1 1	Change	Addition	
NAME	PACE, RANDY J						, Michael		}	
STREET ADDRESS	717 N HARWOOD STE 1200 LB128			STREET AD		810 Ga	teway Dr., Suite 100		ļ	
CITY-ST-ZIP	DALLAS TX				IP Sa	an Mate	<u>eo, CA 94404</u>			
TITLE	VTS		☐ Delete	TITLE	V	S	<del></del>	🔀 Change	☐ Addition	
NAME	PATTERSON, THOMAS J									
STREET ADDRESS 717 N HARWOOD STE 1200 LB128					DRESS				ļ	
CITY-ST-ZIP DALLAS TX					!IP				1	
TITLE	AS		☐ Delete	TITLE				Change	☐ Addition	
NAME		CK, JOAN C		NAME					_	
STREET ADDRESS 541 S. ORLANDO AVE. #210					DRESS 20	01 N.	New York Ave., Suite	200		
CITY-ST-ZIP MAITLAND FL 32751							Park, FL 32789			
			this filing slage and suppliful					portify that the in	oformation	
indicated of the core	on this repo coration or tl	rt or supplemental report is :	true and accurate and that wered to execute this repor	: my signature rt as required t	shall have	e the same le	I 19.07(3)(i), Florida Statutes. I further o egal effect as if made under oath; that da Statutes; and that my name appear	I am an officer	or director 1	

4/27/00 Date

**FILED** 

May 16, 2000 8:00 am Secretary of State 05-16-2000 90034 015 \*\*\*150.00