

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90013 035 ***158.75

DOCUMENT # P94000044795

1. Entity Name
TCF SOUTHEAST, INC.

Principal Place of Business

Mailing Address

201 EAST PINE ST.
 SUITE 1200
 ORLANDO FL 32801

201 EAST PINE ST.
 SUITE 1200
 ORLANDO FL 32801

2. Principal Place of Business
c/o Pamela O. Price

3. Mailing Address
c/o Pamela O. Price

Suite, Apt. #, etc.
301 E. Pine St. Ste. 1400

Suite, Apt. #, etc.
P.O. Box 3068

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number **59-3255002**

Applied For
 Not Applicable

Zip
32801

Country
USA

Zip
32802-3068

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRICE, PAMELA O
301 E. PINE ST.
SUITE 1400
ORLANDO FL 32801

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUJITA, SENJI 201 E. PINE ST., #1200 ORLANDO FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 301 E. Pine Street, Suite 1400 Orlando, Florida 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TAKAI, YOSHIMI 201 E. PINE ST., #1200 ORLANDO FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 301 E. Pine Street, Suite 1400 Orlando, Florida 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WIENER, WILLIAM J 201 E. PINE ST., #1200 ORLANDO FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 301 E. Pine Street, Suite 1400 Orlando, Florida 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS NODA, YUJI 201 E. PINE ST., #1200 ORLANDO FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 301 E. Pine Street, Suite 1400 Orlando, Florida 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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)(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 attachment with an address, with all other like empowered.

SIGNATURE: William J. Wiener, V.P. **William J. Wiener, V.P.** 02/13/01 **02/13/01** (212) 418-0190 **(212) 418-0190**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

GRAY, HARRIS & ROBINSON

PROFESSIONAL ASSOCIATION
ATTORNEYS AT LAW
SUITE 1400
301 EAST PINE STREET
POST OFFICE BOX 3068

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PA 4000044795

WRITER'S DIRECT DIAL
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Barbara S. Buchanan, Paralegal

E-MAIL ADDRESS

bbuchana@ghrlaw.com

February 13, 2001

Annual Reports Filing
Division of Corporations
Post Office Box 1500
Tallahassee, FL 32302-1500

**Re: 2000 Uniform Business Report
TCF SOUTHEAST, INC.
Document #: P94000044795**

Dear Sir or Madam:

I am enclosing with this letter the above-referenced Uniform Business Report. Also enclosed is a check in the amount of \$150.00 representing the filing fee and \$8.75 to cover the fee for a Certificate of Status.

Please forward the Certificate of Status for this corporation to the undersigned.

If you have any questions with respect to this filing, please feel free to contact the undersigned.

Sincerely,

Barbara Buchanan

Barbara S. Buchanan
Paralegal

BSB:clt

Enclosures

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