

# 2001 UNIFORM BUSINESS REPORT (UBR)

0003795 AF

**DOCUMENT # A94000000503**

1. Entity Name  
**TCA 94-F LIMITED PARTNERSHIP**

FILED

01 APR 12 PM 12:37

Principal Place of Business  
**C/O TCA JOINT VENTURE  
601 BRICKELL KEY DRIVE, SUITE 505  
MIAMI FL 33131**

Mailing Address  
**C/O TCA JOINT VENTURE  
601 BRICKELL KEY DRIVE, SUITE 505  
MIAMI FL 33131**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
City & State

Zip  
Country

Zip  
Country

4. FEI Number **65-0485101**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**SAICHEK, LAWRENCE A  
C/O TCA JOINT VENTURE  
601 BRICKELL KEY DRIVE, SUITE 505  
MIAMI FL 33131**

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

9. Capital Contributions as Shown on record. **\$700,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>P94000027088 TCA 94-F, INC. C/O 601 BRICKELL KEY DRIVE, SUITE 605 MIAMI FL 33131</b>	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
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		CITY-ST-ZIP	

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**-04/23/01--01015--008**  
**\*\*\*\*526.25 \*\*\*\*526.25**

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **Thomas A. Dumas** **4-11-01** **305 377-3902**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)