

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0007825 AF

DOCUMENT # A97000000205

1. Entity Name
TMC PARTNERS, LTD.

00 MAR 29 PM 12: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf 4/5



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2300 GLADES ROAD, SUITE 100 E
BOCA RATON FL 33431

Mailing Address
2300 GLADES ROAD, SUITE 100 E
BOCA RATON FL 33431-7335

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

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

City & State

City & State

Zip Country

Zip Country

4. FEI Number 65-0720930

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
TMC EQUITY CORP.
2300 GLADES ROAD, SUITE 100 E
BOCA RATON FL 33431

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$627,416.00

10. Amount of Capital Contributions in FLORIDA to date. 627,416.00

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 #	P97000006746	STREET ADDRESS	100003204651--7	
NAME	TMC EQUITY CORP.	CITY - ST - ZIP	-04/11/00--01133--006	
STREET ADDRESS	2300 GLADES ROAD, SUITE 100E		****526.25 ****526.25	
CITY - ST - ZIP	BOCA RATON FL 33431			
DOCUMENT #		STREET ADDRESS		
NAME		CITY - ST - ZIP		
STREET ADDRESS				
CITY - ST - ZIP				
DOCUMENT #		STREET ADDRESS		
NAME		CITY - ST - ZIP		
STREET ADDRESS				
CITY - ST - ZIP				
DOCUMENT #		STREET ADDRESS		
NAME		CITY - ST - ZIP		
STREET ADDRESS				
CITY - ST - ZIP				
DOCUMENT #		STREET ADDRESS		
NAME		CITY - ST - ZIP		
STREET ADDRESS				
CITY - ST - ZIP				

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: *William R. Greenfield* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/23/00 (561) 392-6662 Date Daytime Phone #

CR2E003 (9/99)