

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # B98000000545

1. Entity Name  
TCR FORT CLARKE LIMITED PARTNERSHIP



FILED

03 APR 15 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
201 N. NEW YORK AVE., SUITE 200  
WINTER PARK FL 32789

Mailing Address  
201 N. NEW YORK AVE., SUITE 200  
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address  
6400 CONGRESS AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 2100

City & State

City & State  
BOCA RATON, FL

Zip

Country

Zip  
33487

Country

US

DUE BY MAY 1, 2003

4. FEI Number 75-2779595

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions \$99.00  
as Shown on record.

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # F98000004773  
NAME TCR FORT CLARKE I, INC.  
STREET ADDRESS 201 N. NEW YORK AVE., SUITE 200  
CITY-ST-ZIP WINTER PARK FL 32789

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

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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: *By: TCR Fort Clarke I, Inc.*  
*Signature Required* *3-28-03* *561-998-4451*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)