

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000126

1. Entity Name

TCR LEGACY DUNES LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 12 PM 4:33

Principal Place of Business

717 NORTH HARWOOD, SUITE 1200, L.B. 128
DALLAS TX 75201

Mailing Address

717 NORTH HARWOOD, SUITE 1200, L.B. 128
DALLAS TX 75201-6538



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

201 N. New York Ave.

3. Mailing Address

201 N. New York Ave.

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Winter Park, FL

City & State

Winter Park, FL

4. FEI Number

75-2809404

Applied For

Not Applicable

Zip

32789

Country

US

Zip

32789

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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.

\$99.00

10. Amount of Capital Contributions in FLORIDA to date.

99.00

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 # **F99000000074**
NAME **TCR DUNES, INC.**
STREET ADDRESS **717 NORTH HARWOOD, SUITE 1200, L.B. 128**
CITY - ST - ZIP **DALLAS TX 75201**

STREET ADDRESS **201 N. New York Ave., Suite 200**
CITY - ST - ZIP **Winter Park, FL 32789**

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/00

Date

407-975-6126

Daytime Phone #

FILED