

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B99000000345**

1. Entity Name

TCR WORLD GATEWAY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
197.23

00 MAY 12 PM 1:33



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business
201 N. New York Ave.
Suite, Apt. #, etc.
Suite 200

3. Mailing Address
201 N. New York Ave.
Suite, Apt. #, etc.
Suite 200

City & State
Winter Park, FL

City & State
Winter Park, FL

4. FEI Number
75-2838423

Applied For
☐ Not Applicable

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

Zip Country Zip Country
32789 US 32789 US

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

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 #	F99000004720	STREET ADDRESS	201 N. New York Ave., Suite 200
NAME	TCR GATEWAY, INC.	CITY - ST - ZIP	Winter Park, FL 32789
STREET ADDRESS	717 NORTH HARWOOD, SUITE 1200, L.B. 128	STREET ADDRESS	
CITY - ST - ZIP	DALLAS TX 75201	CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
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NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: **SIGNATURE REQUIRED** **4/27/00** **407-975-6126**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR12E003 (9/99)