

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000358

1. Entity Name:

TCR WORLD GATEWAY II LIMITED PARTNERSHIP

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.

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

Zip

32789

Country

US

Zip

32789

Country

US

4. FEI Number

75-2840987

Applied For

Not Applicable

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

DOCUMENT # F99000004720  
NAME TCR GATEWAY, INC.  
STREET ADDRESS 717 NORTH HARWOOD, SUITE 1200, L.B. 128  
CITY - ST - ZIP DALLAS TX 75201

13. ADDRESS CHANGES ONLY

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

DOCUMENT #  
NAME  
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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)(l), 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 #

CR2 003 (3/98)