

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 91008 020 \*\*\*150.00

**DOCUMENT # F01000000325**

**1. Entity Name**  
**TCR PARC, INC.**

**Principal Place of Business**  
**717 NORTH HARWOOD, #1200**  
**DALLAS TX 75201**

**Mailing Address**  
**201 NORTH NEW YORK AVENUE, #200**  
**WINTER PARK FL 32789**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**  
**75-2915962**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

**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.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** PD ☐ Delete  
**NAME** HOEKSEMA, DOUGLAS A  
**STREET ADDRESS** 201 NORTH NEW YORK AVE., #200  
**CITY-ST-ZIP** WINTER PARK FL 32789

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** 32789

**TITLE** PD ☐ Delete  
**NAME** TERWILLIGER, J. RONALD  
**STREET ADDRESS** 2859 PACES FERRY ROAD, #1100  
**CITY-ST-ZIP** ATLANTA GA 30339

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** VD ☐ Delete  
**NAME** CROW, HARAN R  
**STREET ADDRESS** 2100 MCKINNEY AVE.  
**CITY-ST-ZIP** DALLAS TX 75201

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** VST ☐ Delete  
**NAME** PATTERSON, THOMAS J  
**STREET ADDRESS** 717 NORTH HARWOOD, #1200  
**CITY-ST-ZIP** DALLAS TX 75201

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** 2001 Bryan Street Ste. 3700  
**CITY-ST-ZIP**

**TITLE** AS ☒ Delete  
**NAME** HOPKINS, LAURA  
**STREET ADDRESS** 717 NORTH HARWOOD, #1200  
**CITY-ST-ZIP** DALLAS TX 75201

**TITLE** ☐ Change ☒ Addition  
**NAME** AS  
**STREET ADDRESS** Joan Zanowick  
**CITY-ST-ZIP** 201 N. New York Ave. Ste. 200  
 Winter Park, FL 32789

**TITLE** AS ☐ Delete  
**NAME** SHAMBLIN, LEE ANN  
**STREET ADDRESS** 717 NORTH HARWOOD, #1200  
**CITY-ST-ZIP** DALLAS TX 75201

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** 2001 Bryan Street Ste. 3700  
**CITY-ST-ZIP**

**13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Joan C. Zanowick*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)