

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2002 8:00 am**  
**Secretary of State**

03-12-2002 91008 041 \*\*\*150.00

**DOCUMENT # F01000002609**

1. Entity Name

TCR METRO II, INC.

Principal Place of Business

717 NORTH HARWOOD, #1200  
DALLAS TX 75201

Mailing Address

717 NORTH HARWOOD, #1200  
DALLAS TX 75201

25764

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

USA

Zip

32789

Country

USA

4. FEI Number

APPLIED FOR

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. 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  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD  
NAME HOEKSEMA, DOUGLAS A  
STREET ADDRESS 201 N. NEW YORK AVE., SUITE 200  
CITY-ST-ZIP WINTER PARK FL 52789 ☐ Delete

TITLE VD  
NAME CROW, HARLAN R  
STREET ADDRESS 2100 MCKINNEY AVE., SUITE 700  
CITY-ST-ZIP DALLAS TX 75201 ☐ Delete

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

TITLE VST  
NAME PATTERSON, THOMAS J  
STREET ADDRESS 717 N. HARWOOD, SUITE 1200  
CITY-ST-ZIP DALLAS TX 75201 ☐ Delete

TITLE AS  
NAME ZANOWICK, JOAN C  
STREET ADDRESS 201 N. NEW YORK AVE., SUITE 200  
CITY-ST-ZIP WINTER PARK FL 52789 ☐ Delete

TITLE AS  
NAME BROWN, PEGGY E  
STREET ADDRESS 717 NORTH HARWOOD, #1200  
CITY-ST-ZIP DALLAS TX 75201 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2001 Bryan Street #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* *Joan C. Zanowick* *2/26/02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (9/01)

05/10/01 13:46 FAX 214 922 8408

TCR DALLAS

004

Attachment # FO1000002609  
25764Form **SS-4****Application for Employer Identification Number**

(Rev. April 2000)

Department of the Treasury  
Internal Revenue Service(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

Keep a copy for your records.

75-2936995

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) TCR METRO II, INC.		3 Executor, trustee, "care of" name N/A
	2 Trade name of business (if different from name on line 1) N/A		5a Business address (if different from address on lines 4a and 4b) (same)
	4a Mailing address (street address) (room, apt., or suite no.) 717 N. Harwood, #1200		5b City, state, and ZIP code (same)
	4b City, state, and ZIP code Dallas, TX 75201		
	6 County and state where principal business is located Dallas County, Texas		
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶ Douglas A. Hoeksema, President Social Security #491-66-1315		
	8a Type of entity (Check only one box.) (see instructions) Caution: If applicant is a limited liability company, see the instructions for line 8a.		

- ☐ Sole proprietor (SSN) ☐ Estate (SSN of decedent)  
☐ Partnership ☐ Personal service corp. ☐ Plan administrator (SSN)  
☐ REMIC ☐ National Guard ☐ Other corporation (specify) ▶ **For Profit Corp.**  
☐ State/local government ☐ Farmers' cooperative ☐ Trust  
☐ Church or church-controlled organization ☐ Federal government/military  
☐ Other nonprofit organization (specify) ▶ (enter GEN if applicable)  
☐ Other (specify) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State <b>Texas</b>	Foreign country
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- 9 Reason for applying (Check only one box.) (see instructions) ☐ Banking purpose (specify purpose) ▶  
☒ Started new business (specify type) ▶ ☐ Changed type of organization (specify new type) ▶  
☐ Purchased going business  
☐ Created a trust (specify type) ▶ ☐ Other (specify) ▶  
☐ Hired employees (Check the box and see line 12)  
☐ Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year) (see instructions) 5/10/01	11 Closing month of accounting year (see instructions) December 31st
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- 12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ **N/A**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) ▶	Nonagricultural 0	Agricultural 0	Household 0
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- 14 Principal activity (see instructions) ▶ **Real Estate Development**

- 15 Is the principal business activity manufacturing? ☐ Yes ☒ No  
If "Yes," principal product and raw material used: ▶

- 16 To whom are most of the products or services sold? Please check one box. ☐ Business (wholesale) ☒ N/A  
☐ Public (retail) ☐ Other (specify) ▶

- 17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No  
Note: If "Yes," please complete lines 17b and 17c.

- 17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.  
Legal name ▶ Trade name ▶

- 17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.  
Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ▶ **Peggy E. Brown, Vice President**

Signature ▶

Date ▶ **May 10, 2001**

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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