

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003649

1. Entity Name

TCR SOUTH FLORIDA APARTMENTS-TIFFANY LAKE, INC.

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90084 009 \*\*\*150.00

Principal Place of Business

Mailing Address

717 N. HARWOOD., STE 1200  
DALLAS TX 75201

717 N. HARWOOD., STE 1200  
DALLAS TX 75201

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **75-2494467**

Applied For

Not Applicable

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**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE VPD ☐ Delete  
NAME CROW, HARLAN R  
STREET ADDRESS 1810 GATEWAY DR., SUITE 100  
CITY-ST-ZIP SAN MATEO CA 94404

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

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

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

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

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

TITLE V ☐ Delete  
NAME STEINHARDT, SHARI  
STREET ADDRESS 6400 CONGRESS AVE., SUITE 1000  
CITY-ST-ZIP BOCA RATON FL 33487

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

TITLE AS ☐ Delete  
NAME HOPKINS, LAURA  
STREET ADDRESS 717 N. HARWOOD., STE 1200  
CITY-ST-ZIP DALLAS TX 75201

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

561-998-4451

Daytime Phone #

CR2E034 (10/00)