

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000004738 (1)

1. Corporation Name

TCR DEVELOPMENT BVP, INC.

Principal Place of Business

541 SOUTH ORLANDO AVE.
SUITE 210
MAITLAND FL 32751
US

Mailing Address

541 SOUTH ORLANDO AVE.
SUITE 210
MAITLAND FL 32751
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/18/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

75-2503801

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HOEKSEMA, DOUGLAS A.
541 SOUTH ORLANDO AVE.
SUITE 210
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HOEKSEMA, DOUGLAS A
STREET ADDRESS 541 SOUTH ORLANDO AVE., #210
CITY-ST-ZIP MAITLAND FL ☐ DELETE

TITLE VD
NAME TERWILLIGER, J. RONALD
STREET ADDRESS 2859 PACES FERRY RD., #1400
CITY-ST-ZIP ATLANTA GA 30339 ☐ DELETE

TITLE VD
NAME CROW, HARLAN R.
STREET ADDRESS 2001 ROSS AVE., #3500
CITY-ST-ZIP DALLAS TX ☐ DELETE

TITLE V
NAME BREINING, CLIFFORD A
STREET ADDRESS 6552 VIA DOS VALLES
CITY-ST-ZIP RANCHO SANTE FE CA ☐ DELETE

TITLE VTS
NAME PACE, RANDY J
STREET ADDRESS 717 N. HARWOOD, #1200
CITY-ST-ZIP DALLAS TX 75201 ☐ DELETE

TITLE AS
NAME SHAMBLIN, LEE ANN
STREET ADDRESS 717 N. HARWOOD, #1200
CITY-ST-ZIP DALLAS TX 75201 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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5-1-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Line Phone #

CR2E034 (12/95)