

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004738

1. Entity Name

TCR DEVELOPMENT BVP, INC.

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 91095 041 ***150.00

Principal Place of Business

201 N. NEW YORK AVE
STE 200
WINTER PARK FL 32789
US

Mailing Address

201 N. NEW YORK AVE
STE 200
WINTER PARK FL 32789
US

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 75-2503801

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

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

Name

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

201 N. New York Ave

Suite 200

City

Winter Park

FL

Zip Code

32789

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
NAME HOEKSEMA, DOUGLAS A
STREET ADDRESS 201 N NEW YORK AVE #200
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

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

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

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

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

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

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

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

TITLE AS
NAME ZANOWICK, JOAN C
STREET ADDRESS 201 N NEW YORK AVE #200
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

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

TITLE VT
NAME COLLINS, MICHAEL
STREET ADDRESS 1810 GATEWAY DR. STE 100
CITY-ST-ZIP SAN MATEO CA 94404 ☒ Delete

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

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

Date

Daytime Phone #

CR2E034 (10/00)