

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005479

1. Entity Name

TCR SFA CONGRESS PARK, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90985 012 ***150.00

Principal Place of Business

Mailing Address

717 N. HARWOOD.. STE 1200
DALLAS TX 75201

717 N. HARWOOD.. STE 1200
DALLAS TX 75201

040408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **75-2511115**

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

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

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

TITLE ☐ Delete
NAME VD
STREET ADDRESS TERWILLIGER, RONALD J
CITY-ST-ZIP 2850 PACES FERRY ROAD., STE 1100
ATLANTA GA 30339

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

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

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

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

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

TITLE ☐ Delete
NAME AS
STREET ADDRESS STEINHARDT, SHARI
CITY-ST-ZIP 6400 CONGRESS AVENUE., STE 1000
BOCA RATON FL 33487

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

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

Date

Daytime Phone #

CR2E034 (10/00)