

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90095 009 ***150.00

DOCUMENT # F94000002036

1. Entity Name
TCR SFA HOMESTEAD COLONY, INC.

Principal Place of Business *2001 Bryan Street, Suite 3700* **Mailing Address** *2001 Bryan Street, Suite 3700*
~~717 N. HARWOOD, STE 1200~~ ~~717 N. HARWOOD, STE 1200~~
DALLAS TX 75201 **DALLAS TX 75201**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *2001 Bryan Street* **3. Mailing Address** *2001 Bryan Street*
Suite, Apt. #, etc. *Suite 3700* **Suite, Apt. #, etc.** *Suite 3700*

City & State *Dallas, TX* **City & State** *Dallas, TX*
Zip *75201* **Country** *USA* **Zip** *75201* **Country** *USA*

4. FEI Number *75-2531545* **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

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	<input type="checkbox"/> Delete
NAME	TERWILLIGER, RONALD J	
STREET ADDRESS	2859 PACES FERRY ROAD, STE 1100	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BREINING, CLIFFORD A	
STREET ADDRESS	6552 VIA DOS CALLES	
CITY-ST-ZIP	RANCHO SANTA FE CA 92067	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HOEKSEMA, DOUGLAS A	
STREET ADDRESS	201 N. NEW YORK AVENUE., STE 200	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	COLLINS, MICHAEL	
STREET ADDRESS	1810 GATEWAY DR., STE 100	
CITY-ST-ZIP	SAN MATEO CA 94404	
TITLE	VAST	<input type="checkbox"/> Delete
NAME	PATTERSON, THOMAS J	
STREET ADDRESS	717 N. HARWOOD, STE 1200	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	AS	<input type="checkbox"/> Delete
NAME	STEINHARDT, SHARI	
STREET ADDRESS	6300 CONGRESS AVENUE., STE 1000	
CITY-ST-ZIP	BOCA RATON FL 33487	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Shari Steinhardt* **3/14/02** **(561) 998-4451**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)