

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004402

1. Entity Name

TCR CONSTRUCTION, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90034 017 ***150.00

Principal Place of Business

Mailing Address

541 S. ORLANDO AVE., #210
MAITLAND FL 32751

541 S. ORLANDO AVE., #210
MAITLAND FL 32789-3163

2. Principal Place of Business

201 N. New York Ave.

Suite, Apt. #, etc.

Suite 200

3. Mailing Address

201 N. New York Ave.

Suite, Apt. #, etc.

Suite 200



DO NOT WRITE IN THIS SPACE

City & State
Winter Park, FL

City & State
Winter Park, FL

4. FEI Number 75-2610929

Applied For
Not Applicable

Zip
32789

Country
US

Zip
32789

Country
US

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 S. ORLANDO AVE., STE. 210
MAITLAND FL 32751

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, 2000 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 V ☐ Delete
NAME GAHERTY, ROBERT W
STREET ADDRESS 541 S ORLANDO #210
CITY-ST-ZIP MAITLAND FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 201 N. New York Ave., Suite 200
CITY-ST-ZIP Winter Park, FL 32789

TITLE DP ☐ Delete
NAME HOEKSEMA, DOUGLAS A
STREET ADDRESS 541 S. ORLANDO AVE., STE. 210
CITY-ST-ZIP MAITLAND FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 201 N. New York Ave., Suite 200
CITY-ST-ZIP Winter Park, FL 32789

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

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

TITLE VST ☐ Delete
NAME PATTERSON, THOMAS J
STREET ADDRESS 717 N. HARWOOD, STE. 1200, LB 128
CITY-ST-ZIP DALLAS TX 75201

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

TITLE AS ☐ Delete
NAME ZANOWICK, JOAN C
STREET ADDRESS 541 S. ORLANDO AVE. #210
CITY-ST-ZIP MAITLAND FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 201 N. New York Ave., Suite 200
CITY-ST-ZIP Winter Park, FL 32789

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VT ☐ Change ☒ Addition
NAME Collins, Michael
STREET ADDRESS 1810 Gateway Dr., Suite 100
CITY-ST-ZIP San Mateo, CA 94404

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

4/27/00

Date

Daytime Phone #

CR2E034 (9/99)