

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004402

1. Entity Name  
TCR CONSTRUCTION, INC.

FILED  
May 05, 2001 8:00 am  
Secretary of State

05-05-2001 91095 023 \*\*\*150.00

Principal Place of Business  
201 N NEW YORK AVE  
STE 200  
WINTER PARK FL 32789

Mailing Address  
201 N NEW YORK AVE  
STE 200  
WINTER PARK FL 32789

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State		City & State		4. FEI Number	75-2610929	Applied For
Zip	Country	Zip	Country			Not Applicable

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)

201 N. New York Ave

Ste 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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAHERTY, ROBERT W 201 N NEW YORK AVE STE 200 WINTER PARK FL 32789	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOEKSEMA, DOUGLAS A 201 N NEW YORK AVE STE 200 WINTER PARK FL 32789	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TERWILLIGER, J. RONALD 2859 PACES FERRY RD., STE. 1400 ATLANTA GA 30339	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PATTERSON, THOMAS J 717 N. HARWOOD, STE. 1200, LB 128 DALLAS TX 75201	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ZANOWICK, JOAN C 201 N NEW YORK AVE STE 200 WINTER PARK FL 32789	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT COLLINS, MICHAEL 1810 GATEWAY DR STE 100 SAN MATEO CA 94404	<input checked="" type="checkbox"/> Delete	TITLE 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: *Joan C. Zanowick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

759625



DO NOT WRITE IN THIS SPACE