

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000101

1. Entity Name

TCR NORTH FLORIDA HOMEGATE, INC.

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

05-16-2000 90034 004 \*\*\*150.00

Principal Place of Business	Mailing Address
541 S ORLANDO AVE STE 210 MAITLAND FL 32751 US	541 S ORLANDO AVE STE 210 MAITLAND FL 32789-3163 US

2. Principal Place of Business	3. Mailing Address
201 N. New York Ave.	201 N. New York Ave.
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200
City & State Winter Park, FL	City & State Winter Park, FL
Zip 32789	Country US



DO NOT WRITE IN THIS SPACE

4. FEI Number	75-2683552	Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$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 32301-2525	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 \_\_\_\_\_ (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, 2000 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																																																																																																																																							
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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 4/27/00 407-975-6126  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone \*

CR2E034 (9/99)