## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # F9700001724 May 16, 2000 8:00 am Secretary of State TCR CONSTRUCTION I, INC. 05-16-2000 90034 016 \*\*\*150.00 Mailing Address Principal Place of Business 541 S ORLANDO AVE 541 S ORLANDO AVE STE 210 STE 210 MAITLAND FL 32789-3163 MAITLAND FL 32751 3. Mailing Address 2. Principal Place of Business 201 N. New York Ave. 201 N. New York Ave. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 200 Suite 200 Applied For City & State City & State 4. FEI Number 75-2698901 Winter Park, FL Winter Park, FL Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired 32789 US 32789 US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. K Change ☐ Addition ☐ Delete TITLE TITLE HOEKSEMA, DOUGLAS A STREET ADDRESS 541 SOUTH ORLANDO AVE., STE 210 STREET ADDRESS 201 N. New York Ave.. Suite 200 CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL Winter Park, FL 32789 ☐ Change ☐ Addition TITLE Delete NAME CROW, HARLAN R NAME STREET ADDRESS 2001 ROSS AVENUE, STE 3200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS TX Change ☐ Addition ☐ Delete TITLE VS TITLE PATTERSON, THOMAS J NAME NAME STREET ADDRESS 717 N. HARWOOD, STE 1200, LB128 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DALLAS TX ☐ Addition ☐ Delete TITLE TERWILLIGER, J R NAME NAME STREET ADDRESS 2859 PACES FERRY RD., STE 1400 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP atlanta ga ☐ Addition AS ☐ Delete TITLE TITLE ZANOWICK, JOAN C NAME NAME STREET ADDRESS 201 N. New York Ave., Suite 200 STREET ADDRESS 541 S. ORLANDO AVE. #210 CITY-ST-ZIP Winter Park, FL 32789 CITY-ST-ZIP MAITLAND FL 32751 ☐ Change **★** Addition ☐ Delete TITLE TITLE Collins, Michael NAME NAME STREET ADDRESS 1810 Gateway Dr., Suite 100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP San Mateo, CA 94404 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