

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90027 013 \*\*\*150.00

CR2034 (10/02)

**DOCUMENT # F98000001249**

1. Entity Name  
TCR CONSTRUCTION II, INC.



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

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



2. Principal Place of Business

3. Mailing Address

6400 Congress Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 2100

City & State

City & State

Boca Raton, FL

Zip

Country

Zip

Country

33487

U.S.

4. FEI Number 75-2751395

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME GOHERTY, ROBERT  
STREET ADDRESS 201 N NEW YORK AVE STE 200  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE VD ☐ Change ☒ Addition  
NAME michael mcgwier  
STREET ADDRESS 2859 Paces Ferry Rd. Ste. 1100  
CITY-ST-ZIP Atlanta GA 30339

TITLE VD ☒ Delete  
NAME HOEKSEMA, DOUGLAS A  
STREET ADDRESS 201 N NEW YORK AVE STE 200  
CITY-ST-ZIP WINTER PARK FL 32789

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

TITLE PD ☐ Delete  
NAME TERWILLIGER, J K  
STREET ADDRESS 2859 PACES FERRY RD STE 1100  
CITY-ST-ZIP ATLANTA GA

TITLE AS ☐ Change ☒ Addition  
NAME Shari Steinhardt  
STREET ADDRESS 6400 Congress Ave. Ste 2100  
CITY-ST-ZIP Boca Raton, FL 33487

TITLE VST ☐ Delete  
NAME PATTERSON, THOMAS J  
STREET ADDRESS 2001 BRYAN STREET STE 3700  
CITY-ST-ZIP DALLAS TX

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

TITLE AS ☒ Delete  
NAME ZANOWICK, JOAN C  
STREET ADDRESS 201 N NEW YORK AVE STE 200  
CITY-ST-ZIP WINTER PARK FL 32789

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Shari Steinhardt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-03

Date

561-998-4451

Daytime Phone #