## 2002 Uniform Business Report (UBR)

## Mar 12, 2002 8:00 am Secretary of State DOCUMENT # F98000003220 1. Entity Name 03-12-2002 91008 035 \*\*\*150.00 TC RESIDENTIAL FLORIDA I, INC. Principal Place of Business Mailing Address 201 N NEW YORK AVE 201 N NEW YORK AVE STE 200 STE 200 WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 75-2766134 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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. DATE (NOTE: Registered Agent signature required when reinstating) 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, 2002 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) ☐ Addition TITLĘ ☐ Delete TITLE NAMÈ NAME HOEKSEMA, DOUGLAS A STREET ADDRESS STREET ADDRESS 201 N NEW YORK AVE STE 200 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete **▼** Change ☐ Addition TITLE TITLE ٧D NAME NAME CROW, HARLAN R STREET ADDRESS STREET ADDRESS 2100 McKinney Ave. #700 2001 ROSS AVENUE, #3200 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75201 ★ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME Terwilliger, J. R 2859 Paces Ferry Rd. #1100 STREET ADDRESS STREET ADDRESS 2850 PACES FERRY ROAD, #1400 CITY-ST-ZIP CITY-ST-ZIP atlanta ga 30339 **泽**T Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME PATTERSON, THOMAS J 2001 Bryan Street #3700 STREET ADDRESS STREET ADDRESS 717 N. HARWOOD, SUITE 1200, LB128 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75201 **X** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME ZANOWICK, KOAN C STREET ADDRESS STREET ADDRESS Suite 200 201 N NEW YORK AVE STE 20 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered

13. Thereby 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