

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90039 041 ***150.00

DOCUMENT # F98000003808

1. Corporation Name

TCR DEVELOPMENT BV PLACE, INC.

Principal Place of Business

717 N. HARWOOD, STE 1200, LB128
DALLAS TX 75201

Mailing Address

717 N. HARWOOD, STE 1200, LB128
DALLAS TX 75201

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1998

4. FEI Number

75-2770677

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 541 S. Orlando Ave

Suite, Apt. #, etc.

22 Suite 210

City & State

23 Maitland FL

Zip

24 32751

Country

25 US

2a. Mailing Address

26 541 S. Orlando Ave

Suite, Apt. #, etc.

27 Suite 210

City & State

28 Maitland FL

Zip

29 32751

Country

30 US

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HOEKSEMA, DOUGLAS A
STREET ADDRESS 541 SOUTH ORLANDO AVE., STE 210
CITY-ST-ZIP MAITLAND FL

TITLE V ☐ DELETE

NAME CROW, HARLAN R
STREET ADDRESS 2001 ROSS AVENUE, #3200
CITY-ST-ZIP DALLAS TX

TITLE VD ☐ DELETE

NAME TERWILLIGER, J R
STREET ADDRESS 2850 PACES FERRY ROAD #1400
CITY-ST-ZIP ATLANTA GA

TITLE VST ☐ DELETE

NAME PATTERSON, THOMAS J
STREET ADDRESS 717 N. HARWOOD STE 1200, LB128
CITY-ST-ZIP DALLAS TX

TITLE V ☒ DELETE

NAME PAGE, RANDY J
STREET ADDRESS 717 N. HARWOOD STE 1200
CITY-ST-ZIP DALLAS TX

TITLE AS ☐ DELETE

NAME SHAMBLIN, LEE A
STREET ADDRESS 717 N. HARWOOD STE 1200, LB128
CITY-ST-ZIP DALLAS TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

CR2E034 (11/98)