

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003808

1. Entity Name

TCR DEVELOPMENT BV PLACE, INC.

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

05-16-2000 90034 011 ***150.00

Principal Place of Business

541 S. ORLANDO AVE.
STE 210
MAITLAND FL 32751

Mailing Address

541 S. ORLANDO AVE.
STE 210
MAITLAND FL 32789-3163

2. Principal Place of Business

201 N. New York Ave.

3. Mailing Address

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

4. FEI Number

75-2770677

Applied For

Not Applicable

Zip

32789

Country

US

Zip

32789

Country

US

5. Certificate of Status Desired

☐

\$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

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

(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)

☐

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.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

☐ Delete

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

☐ Delete

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

☐ Delete

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

☐ Delete

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

☒ Delete

TITLE AS
NAME ZANOWICK, JOAN C
STREET ADDRESS 541 S. ORLANDO AVE. #20
CITY-ST-ZIP MAITLAND FL

☐ Delete

TITLE
NAME
STREET ADDRESS 201 N. New York Ave., Suite 200
CITY-ST-ZIP Winter Park, FL 32789

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VS
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE VT
NAME Collins, Michael
STREET ADDRESS 1810 Gateway Dr., Suite 100
CITY-ST-ZIP San Mateo, CA 94404

☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS 201 N. New York Ave., Suite 200
CITY-ST-ZIP Winter Park, FL 32789

☒ Change ☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)