

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State
 05-05-2001 91095 039 ***150.00

DOCUMENT # F98000004773

1. Entity Name
TCR FORT CLARKE I, INC.

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **75-2777615**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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, 2001 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 **DV** ☐ Delete
 NAME **CROW, HARLAN R**
 STREET ADDRESS **2001 ROSS AVE., SUITE 3200**
 CITY-ST-ZIP **DALLAS TX 75201**

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

TITLE **DP** ☐ Delete
 NAME **HOEKSEMA, DOUGLAS A**
 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 **DV** ☐ Delete
 NAME **TERWILLIGER, J. RONALD**
 STREET ADDRESS **2859 PACES FERRY ROAD, #1400**
 CITY-ST-ZIP **ATLANTA GA 30339**

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

TITLE **VT** ☒ Delete
 NAME **COLLINS, MICHAEL**
 STREET ADDRESS **1810 GATEWAY DR., SUITE 100**
 CITY-ST-ZIP **SAN MATEO CA 94404**

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 **VS** ☐ Delete
 NAME **PATTERSON, THOMAS J**
 STREET ADDRESS **717 N. HARWOOD, #1200 LB128**
 CITY-ST-ZIP **DALLAS TX 75201**

TITLE **VST** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)