

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-14-2003 90027 014 \*\*\*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

**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** 75-2777615

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** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DV	<input type="checkbox"/> Delete
NAME	CROW, HARLAN R	
STREET ADDRESS	2100 MCKINNEY AVE. #700	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	HOEKSEMA, DOUGLAS A	
STREET ADDRESS	201 N NEW YORK AVE STE 200	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TERWILLIGER, J. RONALD	
STREET ADDRESS	2859 PACES FERRY ROAD, #1400	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	ZANOWICK, JOAN C	
STREET ADDRESS	201 N NEW YORK AVE STE 200	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VST	<input type="checkbox"/> Delete
NAME	PATTERSON, THOMAS J	
STREET ADDRESS	2001 BRYAN STREET #3700	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael McGwier	
STREET ADDRESS	2859 PACES FERRY RD STE 1100	
CITY-ST-ZIP	Atlanta, GA 30339	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alan Kolar	
STREET ADDRESS	201 N. NEW YORK AVE STE 200	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shari Steinhardt	
STREET ADDRESS	6400 Congress Ave Ste. 2100	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

3.28.03

561-998-4451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)