

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000074

1. Entity Name

TCR DUNES, INC.

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

05-16-2000 90034 010 \*\*\*150.00

Principal Place of Business Mailing Address  
717 N. HARWOOD, SUITE 1200 717 N. HARWOOD, SUITE 1200  
LB 128 LB 128  
DALLAS TX 75201 DALLAS TX 75201-6516

2. Principal Place of Business 3. Mailing Address  
**201 N. New York Ave.** **201 N. New York Ave.**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Suite 200** **Suite 200**

City & State City & State  
**Winter Park, FL** **Winter Park, FL**

Zip Country Zip Country  
**32789** **US** **32789** **US**



DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2795979  
Applied For Not Applicable

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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 NAME STREET ADDRESS CITY-ST-ZIP	VD CROW, HARLAN R 2001 ROSS AVE., SUITE 3200 DALLAS TX 75201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOEKSEMA, DOUGLAS A 541 SOUTH ORLANDO AVE., SUITE 210 MAITLAND FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 201 N. New York Ave., Suite 200 Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TERWILLIGER, J. RONALD 2859 PACES FERRY ROAD, SUITE 1100 ATLANTA GA 30339 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COLLINS, MICHAEL 1810 GATEWAY DRIVE, SUITE 100 SAN MATEO CA 94404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST PACE, RANDY J 717 N. HARWOOD, SUITE 1200 DALLAS TX 75201 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAT PATTERSON, THOMAS J 717 N. HARWOOD, SUITE 1200 DALLAS TX 75201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VS

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: James C. [Signature] 4/27/00 Date 407-975-6126 Daytime Phone #  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)