

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 91008 032 \*\*\*150.00

**DOCUMENT # F99000000074**

1. Entity Name

**TCR DUNES, 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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

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, 2002 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

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

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **HOEKSEMA, DOUGLAS A**  
 CITY-ST-ZIP **201 N NEW YORK AVE, STE 200  
 WINTER PARK FL 32789**

TITLE ☐ Delete  
 NAME **VD**  
 STREET ADDRESS **TERWILLIGER, J. RONALD**  
 CITY-ST-ZIP **2859 PACES FERRY ROAD, SUITE 1100  
 ATLANTA GA 30339**

TITLE ☐ Delete  
 NAME **VST**  
 STREET ADDRESS **PACE, RANDY J**  
 CITY-ST-ZIP **717 N. HARWOOD, SUITE 1200  
 DALLAS TX 75201**

TITLE ☐ Delete  
 NAME **VST**  
 STREET ADDRESS **PATTERSON, THOMAS J**  
 CITY-ST-ZIP **717 N. HARWOOD, SUITE 1200  
 DALLAS TX 75201**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **2100 McKinney Ave. #700**  
 CITY-ST-ZIP

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

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

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **2001 Bryan Street #3700**  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **2001 Bryan Street #3700**  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **AS**  
 STREET ADDRESS **Joan Zanowick**  
 CITY-ST-ZIP **201 N. New York Ave. #200  
 Winter Park, FL 32789**

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* *Joan C. Zanowick* *2/20/02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)