

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-14-2003 90756 042 ***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

6400 CONGRESS AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 2100

City & State

BOCA RATON, FL

Zip

Country

Zip

Country

33487

US



☒ CHECK HERE IF MAKING CHANGES

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. 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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **PD** ☐ Change ☒ Addition
NAME **Michael McGwier**
STREET ADDRESS **2859 Paces Ferry Rd Ste. 1100**
CITY-ST-ZIP **Atlanta, GA 30339**

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

TITLE **V** ☐ Change ☒ Addition
NAME **Alan Kolar**
STREET ADDRESS **201 N. New York Ave. Ste 200**
CITY-ST-ZIP **Winter Park, FL 32789**

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

TITLE **AS** ☐ Change ☒ Addition
NAME **Shaei Steinhardt**
STREET ADDRESS **6400 Congress Ave Ste 2100**
CITY-ST-ZIP **Boca Raton, FL 33487**

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

TITLE **VST** ☒ Change ☐ Addition
NAME **Thomas J Patterson**
STREET ADDRESS **2001 Bryan St. Ste 3700**
CITY-ST-ZIP **Dallas, TX 75201**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Shaei Steinhardt** 3-28-03 561-998-4451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0094621 AV

CR2E034 (10/02)