

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000972

1. Entity Name

TCR EAST COAST FINANCIAL SERVICES, INC.

Principal Place of Business

717 N. HARWOOD #1200  
DALLAS TX 75201

Mailing Address

717 N. HARWOOD #1200  
DALLAS TX 75201

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 75-2803751

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

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 NAME	PD TERWILLIGER, J R	<input type="checkbox"/> Delete
STREET ADDRESS	2859 PACES FERRY ROAD, STE 1100	
CITY-ST-ZIP	ATLANTA GA	
TITLE NAME	V COLLINS, MICHAEL	<input type="checkbox"/> Delete
STREET ADDRESS	1810 GATEWAY DR., STE #100	
CITY-ST-ZIP	SAN MATEO CA	
TITLE NAME	VD CROW, HARLAN R	<input type="checkbox"/> Delete
STREET ADDRESS	2001 ROSS AVENUE, #3200	
CITY-ST-ZIP	DALLAS TX	
TITLE NAME	VAT PATTERSON, THOMAS J	<input type="checkbox"/> Delete
STREET ADDRESS	717 N. HARWOOD STE 1200, LB128	
CITY-ST-ZIP	DALLAS TX	
TITLE NAME	VST PACE, RANDY J	<input type="checkbox"/> Delete
STREET ADDRESS	717 N. HARWOOD STE 1200, LB128	
CITY-ST-ZIP	DALLAS TX	
TITLE NAME	AS BROWN, PEGGY E	<input type="checkbox"/> Delete
STREET ADDRESS	717 N. HARWOOD STE 1200, LB128	
CITY-ST-ZIP	DALLAS TX	

TITLE NAME	Assistant Secretary Shari Steinhardt	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6400 Congress Ave, Suite 1000	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Shari Steinhardt*

4/27/01

261-998-4451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90223 048 \*\*\*150.00

543203



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)