

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001324

1. Entity Name

TCR CROSSING, INC.

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

05-16-2000 90034 013 \*\*\*150.00

Principal Place of Business Mailing Address  
111 N. HARWOOD #1200: LB 128 717 N. HARWOOD #1200: 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 75-2807134  
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 \_\_\_\_\_ (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	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOEKSEAM, DOUGLAS A		NAME		
STREET ADDRESS	541 S. ORLANDO AVENUE SUITE 210		STREET ADDRESS	201 N. New York Ave., Suite 200	
CITY-ST-ZIP	MAITLAND FL 32751		CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TERWILLIGER, J R		NAME		
STREET ADDRESS	2859 PACES FERRY ROAD SUITE 1100		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30339		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLLINS, MICHAEL		NAME	VT	
STREET ADDRESS	1810 GATEWAY DR. SUITE #100		STREET ADDRESS		
CITY-ST-ZIP	SAN MATEO CA 94404		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CROW, HARLAN		NAME		
STREET ADDRESS	2001 ROSS AVENUE #3200		STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX 75201		CITY-ST-ZIP		
TITLE	VAT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PATTERSON, THOMAS J		NAME	VS	
STREET ADDRESS	717 N. HARWOOD SUITE #1200 LB128		STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX 75201		CITY-ST-ZIP		
TITLE	VST	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PACE, RANDY J		NAME		
STREET ADDRESS	717 N. HARWOOD SUITE #1200 LB128		STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX 75201		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: [Signature] 4/27/00 407-975-6126  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)