

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001532

1. Entity Name

TCR CENTER, INC.

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

05-16-2000 90034 018 ***150.00

Principal Place of Business

Mailing Address

717 N. HARWOOD. #1200
DALLAS TX 75201

717 N. HARWOOD. #1200
DALLAS TX 75201-6516

2. Principal Place of Business

201 N. New York Ave.

3. Mailing Address

201 N. New York Ave.

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip

32789

Country

US

Zip

32789

Country

US

4. FEI Number

75-2810289

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, 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 DV ☐ Delete
NAME CROW, HARLAN R
STREET ADDRESS 2001 ROSS AVE., STE. 3200
CITY-ST-ZIP DALLAS TX 75201

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

TITLE DV ☐ Delete
NAME TERWILLIGER, J. RONALD
STREET ADDRESS 2859 PACES FERRY RD., STE. 1400
CITY-ST-ZIP ATLANTA GA 30339

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

TITLE DP ☐ Delete
NAME HOEKSEMA, DOUGLAS A
STREET ADDRESS 541 S. ORLANDO AVE., STE. 210
CITY-ST-ZIP MAITLAND FL 32751

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

TITLE V ☐ Delete
NAME COLLINS, MICHAEL
STREET ADDRESS 1810 GATEWAY DR., STE. 100
CITY-ST-ZIP SAN MATEO CA 94404

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

TITLE VAT ☐ Delete
NAME PATTERSON, THOMAS J
STREET ADDRESS 717 N. HARWOOD, STE. 1200, LB128
CITY-ST-ZIP DALLAS TX 75201

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

TITLE VST ☒ Delete
NAME PACE, RANDY J
STREET ADDRESS 717 N. HARWOOD, STE. 1200, LB128
CITY-ST-ZIP DALLAS TX 75201

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)