

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000002975**

1. Entity Name

TCR BV PLACE II, INC.**FILED****May 16, 2000 8:00 am**
Secretary of State

05-16-2000 90034 019 ***150.00

Principal Place of Business

Mailing Address

717 N. HARWOOD. #1200
DALLAS TX 75201717 N. HARWOOD. #1200
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

Zip

Country

Country

32789**US****32789****US**

4. FEI Number

75-2823231

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 State10. 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 ☐ Delete
NAME **DP**
STREET ADDRESS **HOEKSEMA, DOUGLAS A**
CITY-ST-ZIP **541 SOUTH ORLANDO AVE., SUITE #210
MAITLAND FL 32751**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **201 N. New York Ave., Suite 200**
CITY-ST-ZIP **Winter Park, FL 32789**TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **CROW, HARLAN R**
CITY-ST-ZIP **2001 ROSS AVE., SUITE 3200
DALLAS TX 75201**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **PD**
STREET ADDRESS **TERWILLIGER, J. RONALD**
CITY-ST-ZIP **2859 PACE FERRY ROAD SUITE 1100
ATLANTA GA 30339**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **VP**
STREET ADDRESS **COLLINS, MICHAEL**
CITY-ST-ZIP **1810 GATEWAY DR., SUITE 100
SAN MATEO CA 94404**TITLE ☒ Change ☐ Addition
NAME **VT**
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **VPAT**
STREET ADDRESS **PATTERSON, THOMAS J**
CITY-ST-ZIP **717 N. HARWOOD, #1200
DALLAS TX 75201**TITLE ☒ Change ☐ Addition
NAME **VS**
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Delete
NAME **VST**
STREET ADDRESS **PACE, RANDY J**
CITY-ST-ZIP **717 N. HARWOOD, #1200
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 #

4/27/00 407-975-6126

CR2E034 (9/99)