

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**  
 03-12-2002 91008 038 \*\*\*150.00

ACT000000 AV

**DOCUMENT # F99000004720**

1. Entity Name  
**TCR GATEWAY, INC.**

Principal Place of Business  
**717 NORTH HARWOOD, SUITE #1200, LB128  
 DALLAS TX 75201**

Mailing Address  
**717 NORTH HARWOOD, SUITE #1200, LB128  
 DALLAS TX 75201**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**201 N. New York Ave.**

3. Mailing Address  
**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**

4. FEI Number  
**75-2837047**

Applied For

Not Applicable

Zip  
**32789**

Country  
**USA**

Zip  
**32789**

Country  
**USA**

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**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

## 7. Name and Address of New Registered Agent

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, 2002 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

TITLE **PD** ☐ Delete  
 NAME **HOEKSEMA, DOUGLAS A**  
 STREET ADDRESS **541 SOUTH ORLANDO AVE., SUITE 210**  
 CITY-ST-ZIP **MAITLAND FL 32751**

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

TITLE **V** ☐ Delete  
 NAME **CROW, HARLAN R**  
 STREET ADDRESS **2001 ROSS AVENUE. #3200**  
 CITY-ST-ZIP **DALLAS TX 75201**

TITLE **VST** ☐ Delete  
 NAME **PATTERSON, THOMAS J**  
 STREET ADDRESS **717 NORTH HARWOOD, SUITE #1200, LB128**  
 CITY-ST-ZIP **DALLAS TX 75201**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **2100 McKinney Ave. #700**  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **2001 Bryan Street #3700**  
 CITY-ST-ZIP

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

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:

*Joan C Zanowick*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)