2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006184

1. Entity Name

TCR Gardens, Inc.

Principal Place of Business	Mailing Address
201 N New York Ave Suite 200 Winter Park, FL 32789 USA	201 N New York Ave Suite 200 Winter Park, FL 32789 USA
2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2848146

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 Hayes 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 VPD NAME Terwilliger, J. Ronald STREET ADDRESS 2859 Paces Ferry Road #1100 CITY-ST-ZIP Atlanta, GA 30339	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VPD7 NAME Crow, Harlan R. STREET ADDRESS 2001 Ross Ave #3200 CITY-ST-ZIP Dallas, TX 74201	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE PD NAME Hoeksema, Douglas A. STREET ADDRESS 201 N New York Ave #200 CITY-ST-ZIP Winter Park, FL 32789	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VS NAME Patterson, Thomas J. STREET ADDRESS 717 N Harwood #1200 CITY-ST-ZIP Dallas, TX 75201	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VT NAME Collins, Michael STREET ADDRESS 1810 Gateway Dr. #100 CITY-ST-ZIP San Mateo, CA 94404	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE AS NAME Zanowick, Joan C. STREET ADDRESS 201 N New York Ave #200 CITY-ST-ZIP Winter Park, FL 32789	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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, Asst Sec   5/5/00   (407) 975-6126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #