

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006184

1. Entity Name

TCR SOUTH FLORIDA DIVISION I, INC.

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 91095 026 ***150.00

Principal Place of Business

201 N. NEW YORK AVE
STE 200
WINTER PARK FL 32789

Mailing Address

201 N. NEW YORK AVE
STE 200
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 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, 2001 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 ☐ Delete
NAME HOEKSEMA, DOUGLAS A
STREET ADDRESS 541 SOUTH ORLANDO AVE., SUITE 210
CITY-ST-ZIP MAITLAND FL 32751

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

TITLE VD ☐ Delete
NAME CROW, HARLAN R
STREET ADDRESS 2100 MCKINNEY, SUITE 17
CITY-ST-ZIP DALLAS TX 75201

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

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

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

TITLE VAT ☐ Delete
NAME PATTERSON, THOMAS J
STREET ADDRESS 717 NORTH HARWOOD, SUITE 1200, L.B. 128
CITY-ST-ZIP DALLAS TX 75201

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

TITLE VST ☒ Delete
NAME PACE, RANDY J
STREET ADDRESS 717 NORTH HARWOOD, SUITE 1200, L.B. 128
CITY-ST-ZIP DALLAS TX 75201

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

TITLE AS ☐ Delete
NAME BROWN, PEGGY E
STREET ADDRESS 717 NORTH HARWOOD, SUITE 1200, L.B. 128
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 (10/00)