

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 91008 021 ***150.00

DOCUMENT # F99000006184

1. Entity Name

TCR SOUTH FLORIDA DIVISION I, INC.

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

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 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

TITLE ☐ Delete
 NAME **AS BROWN, PEGGY E**
 STREET ADDRESS **717 NORTH HARWOOD, SUITE 1200, L.B. 128**
 CITY-ST-ZIP **DALLAS TX 75201**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 (9/01)