

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**  
 03-12-2002 91008 022 \*\*\*150.00

0570833 AV

DOCUMENT # F99000006186

1. Entity Name  
TCR BVG, INC.Principal Place of Business  
717 NORTH HARWOOD, SUITE 1200, L.B. 128  
DALLAS TX 75201Mailing Address  
717 NORTH HARWOOD, SUITE 1200, L.B. 128  
DALLAS TX 75201

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

75-2848148

Applied For

Not Applicable

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

## 7. Name and Address of New Registered Agent

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 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 201 N. New York Ave Ste. 200  
 CITY-ST-ZIP Winter Park, FL 32789

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 2100 McKinney Ave. Ste. 700  
 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 VST ☐ 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  
 STREET ADDRESS 2001 Bryan Street Ste. 3700  
 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 2001 Bryan Street Ste. 3700  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 (9/01)