

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**

03-16-2001 90071 026 \*\*\*150.00

**DOCUMENT # K03972**

1. Entity Name  
**T.G.C. PROPERTIES, INC.**

Principal Place of Business <b>3728 PROSPECT AVE.          RIVIERA BCH. FL 33404</b>	Mailing Address <b>3728 PROSPECT AVE.          RIVIERA BCH. FL 33404</b>
---	---

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 <b>65-0016189</b>	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

**PUIG, RICHARD  
 189 HARBORSIDE CIRCLE  
 JUPITER FL 33477**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>TRAINOR, ROBERT</b>	
STREET ADDRESS	<b>8336 ARROWHEAD LANE</b>	
CITY-ST-ZIP	<b>ORLAND PARK IL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>PUIG, RICHARD</b>	
STREET ADDRESS	<b>189 HARBORSIDE CIRCLE</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>TRAINOR, ALMA MAE</b>	
STREET ADDRESS	<b>8336 ARROWHEAD LN</b>	
CITY-ST-ZIP	<b>ORLAND PARK IL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TRAINOR JR., ROBERT J.</b>	
STREET ADDRESS	<b>11901 SOUTH AUSTIN AVENUE</b>	
CITY-ST-ZIP	<b>ALSIP IL 60803</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>TRAINOR, THOMAS D</b>	
STREET ADDRESS	<b>11901 SOUTH AUSTIN AVENUE</b>	
CITY-ST-ZIP	<b>ALSIP IL 60803</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Thomas D Trainor  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01  
Date

Daytime Phone #

CR2E034 (10/00)