

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005018

1. Entity Name  
TCRF L.L.C.

Principal Place of Business  
C/O TESCHER CHAVES RUBIN & FORMAN. P.A.  
2101 CORPORATE BLVD., SUITE 107  
BOCA RATON FL 33431

Mailing Address  
C/O TESCHER CHAVES RUBIN & FORMAN. P.A.  
2101 CORPORATE BLVD., SUITE 107  
BOCA RATON FL 33431-7319

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

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

M & W AGENTS, INC.  
2101 CORPORATE BLVD., SUITE 107  
BOCA RATON FL 33431

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

000003213440--5  
-04/18/00--01108--025  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MGR  
TESCHER, DONALD R  
2101 CORPORATE BLVD., SUITE 107  
BOCA RATON FL 33431

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED  
DONALD R. TESCHER  
MANAGER

3/27/00 866-996-7847

Date

Daytime Phone #

CR2E083 (9/99)

APPROVED  
AND  
FILED

00 MAR 31 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

WJL 12



DO NOT WRITE IN THIS SPACE