

2001 UNIFORM BUSINESS REPORT (UBR)

0025597 AF

DOCUMENT # L99000007125

1. Entity Name
TCB FLORIDA MULTIFAMILY HOUSING LLC

FILED

01 MAR 30 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
% THE COMMUNITY BUILDERS, INC.
95 BERKELEY ST., 5TH FLOOR
BOSTON MA 02116-6240

Mailing Address
% THE COMMUNITY BUILDERS, INC.
95 BERKELEY ST., 5TH FLOOR
BOSTON MA 02116-6240



RJH

DO NOT WRITE IN THIS SPACE

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

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

200003995662--6
-04/12/01--01127--017
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR
CLANCY, PATRICK E
STREET ADDRESS 95 BERKELEY ST., SUITE 500
CITY-ST-ZIP BOSTON MA 02116 ☐ Delete

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

TITLE NAME MGR
KLEIN, JONATHAN
STREET ADDRESS 95 BERKELEY ST., SUITE 500
CITY-ST-ZIP BOSTON MA 02116 ☐ Delete

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

TITLE NAME ~~MGR~~
~~WEBER, JUDITH E~~
STREET ADDRESS 95 BERKELEY ST., SUITE 500
CITY-ST-ZIP BOSTON MA 02116 ☒ Delete

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

TITLE NAME ~~MGR~~
~~O'CONNOR, ELLEN~~
STREET ADDRESS 95 BERKELEY ST., SUITE 500
CITY-ST-ZIP BOSTON MA 02116 ☒ Delete

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

JONATHAN KLEIN, MANAGING MEMBER

617-695-9595

3/28/01

CR2E083 (11/00)