

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90062 011 ***150.00

DOCUMENT # P14229

1. Entity Name
TC RESIDENTIAL SOUTH FLORIDA, INC.

Principal Place of Business **Mailing Address**
~~717 N. HARWOOD, STE 1200~~ ~~717 N. HARWOOD, STE 1200~~
2001 Bryan Street, Suite 3700 **2001 Bryan Street, Suite 3700**
DALLAS TX 75201 **DALLAS TX 75201**



2. Principal Place of Business **3. Mailing Address**
2001 Bryan Street **2001 Bryan Street**
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 3700 **Suite 3700**

DO NOT WRITE IN THIS SPACE

City & State **City & State** **4. FEI Number** **Applied For**
Dallas, TX **Dallas, TX** **75-2162005** **Not Applicable**
Zip **Country** **Zip** **Country**
75201 **USA** **75201** **USA**
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 **Name**
1201 HAYS STREET **Street Address (P.O. Box Number is Not Acceptable)**
TALLAHASSEE FL 32301 **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. ☐ **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
(See criteria on back) **After May 1, 2002 Fee will be \$550.00** **Trust Fund Contribution.**
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TERWILLIGER, RONALD J 2859 PACES FERRY ROAD ATLANTA GA 30339	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CROW, HARLAN R 2100 MCKINNEY AVENUE., STE 700 DALLAS TX 75201	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT COLLINS, MICHAEL 1810 GATEWAY DR., SUITE 100 SAN MATEO CA 94404	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSAT PATTERSON, THOMAS J 717 N. HARWOOD, STE 1200- 2001 Bryan Street DALLAS TX 75201 Suite 3700	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS STEINHARDT, SHARI 6400 CONGRESS AVENUE., STE 1000- 2100 BOCA RATON FL 33487	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BROWN, PEGGY E 717 N. HARWOOD, STE 1200- 2001 Bryan Street DALLAS TX 75201 Suite 3700	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **3/14/02** **(561)998-4451**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/01)