

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P15286**

1. Entity Name

**TC RESIDENTIAL NORTH FLORIDA, INC.****FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90034 023 \*\*\*150.00

Principal Place of Business

Mailing Address

**541 S ORLANDO AVE  
STE 210  
MAITLAND FL 32751  
US****541 S ORLANDO AVE  
STE 210  
MAITLAND FL 32789-3163  
US**

2. Principal Place of Business

3. Mailing Address

**201 N. New York Ave.****201 N. New York Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 200****Suite 200**

City &amp; State

City &amp; State

**Winter Park, FL****Winter Park, FL**

4. FEI Number

**75-2162018**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32789****US****32789****US**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

**HEOKSEMA, DOUGLAS A  
541 S ORLANDO AVE  
STE 210  
MAITLAND FL 32751**

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, 2000 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**  
STREET ADDRESS **541 S ORLANDO AVE #210**  
CITY-ST-ZIP **MAITLAND FL**TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **201 N. New York Ave., Suite 200**  
CITY-ST-ZIP **Winter Park, FL 32789**TITLE **VD** ☐ Delete  
NAME **CROW, HARLAN R.**  
STREET ADDRESS **2001 ROSS AVENUE**  
CITY-ST-ZIP **DALLAS TX**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **AS** ☐ Delete  
NAME **ZONOWICK, JOAN C**  
STREET ADDRESS **541 S ORLANDO AVE #210**  
CITY-ST-ZIP **MAITLAND FL**TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **201 N. New York Ave., Suite 200**  
CITY-ST-ZIP **Winter Park, FL 32789**TITLE **VD** ☐ Delete  
NAME **TERWILLIGER, J RONALD**  
STREET ADDRESS **2859 PACES FERRY RD #1400**  
CITY-ST-ZIP **ATLANTA GA**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VST** ☐ Delete  
NAME **PATTERSON, THOMAS J**  
STREET ADDRESS **717 N. HARWOD #1200**  
CITY-ST-ZIP **DALLAS TX**TITLE **VS** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **AS** ☒ Delete  
NAME **SHAMBLIN, LEE ANN**  
STREET ADDRESS **717 N. HARWOD #1200**  
CITY-ST-ZIP **DALLAS TX**TITLE **VT** ☐ Change ☒ Addition  
NAME **Colins, Michael**  
STREET ADDRESS **1810 Gateway Dr., Suite 100**  
CITY-ST-ZIP **San Mateo, CA 94404**

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 (9/99)