

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P37903

1. Entity Name

TCR N.F. MULTI-FAMILY, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90034 006 \*\*\*150.00

Principal Place of Business

541 S ORLANDO AVE  
STE 210  
MAITLAND FL 32751  
US

Mailing Address

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

2. Principal Place of Business

201 N. New York Ave.

3. Mailing Address

201 N. New York Ave.

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip

32789

Country

US

Zip

32789

Country

US

4. FEI Number

75-2417667

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

HOEKSEMA, 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 DP  
NAME HOEKSEMA, DOUGLAS A.  
STREET ADDRESS 541 S ORLANDO AVE #210  
CITY-ST-ZIP MAITLAND FL ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 201 N. New York Ave., Suite 200  
CITY-ST-ZIP Winter Park, FL 32789

TITLE DVP  
NAME TERWILLIGER, J. RONALD  
STREET ADDRESS 2859 PACES FERRY RD.  
CITY-ST-ZIP ATLANTA GA ☐ Delete

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

TITLE DVP  
NAME CROW, HARLAN R.  
STREET ADDRESS 2001 ROSS AVE.  
CITY-ST-ZIP DALLAS TX ☐ Delete

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

TITLE VTS  
NAME PATTERSON, THOMAS J  
STREET ADDRESS 717 HARWOOD ST. #1200  
CITY-ST-ZIP DALLAS TX ☐ Delete

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

TITLE AS  
NAME ZANOWICK, JOAN C  
STREET ADDRESS 541 S. ORLANDO AVE. #210  
CITY-ST-ZIP MAITLAND FL 32751 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 201 N. New York Ave., Suite 200  
CITY-ST-ZIP Winter Park, FL 32789

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VT ☐ Change ☒ Addition  
NAME Collins, 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)