

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**  
 05-23-2001 91157 037 \*\*\*150.00

**DOCUMENT #** P37903

**1. Entity Name**  
 TCR N.F. MULTI-FAMILY, INC.

**Principal Place of Business** **Mailing Address**

**2. Principal Place of Business** **3. Mailing Address**  
 201 N. New York Avenue 201 N. New York Avenue

Suite, Apt. #, etc. Suite, Apt. #, etc.  
 Suite 200 Suite 200

**City & State** **City & State**  
 Winter Park, FL Winter Park, FL

**Zip** **Country** **Zip** **Country**  
 32789 US 32789 US

DO NOT WRITE IN THIS SPACE

553664

**6. Name and Address of Current Registered Agent**

HOEKSEMA, DOUGLAS A  
 201 N. NEW YORK AVENUE  
 SUITE 200  
 WINTER PARK, FL. 32789

**7. Name and Address of New Registered Agent**

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
 (See criteria on back)

**FILE NOW!**  
**After MAY 1, 2001**  
**Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	DP	<input type="checkbox"/> Delete
<b>NAME</b>	HOEKSEMA, DOUGLAS A	
<b>STREET ADDRESS</b>	201 N. NEW YORK AVE. SUITE 200	
<b>CITY-ST-ZIP</b>	WINTER PARK, FL. 32789	
<b>TITLE</b>	DVP	<input type="checkbox"/> Delete
<b>NAME</b>	TERWILLIGER, J. RONALD	
<b>STREET ADDRESS</b>	2859 PACES FERRY RD.	
<b>CITY-ST-ZIP</b>	ATLANTA, GA	
<b>TITLE</b>	DVP	<input type="checkbox"/> Delete
<b>NAME</b>	CROW, HARLAN R	
<b>STREET ADDRESS</b>	2001 ROSS AVENUE	
<b>CITY-ST-ZIP</b>	DALLAS, TX	
<b>TITLE</b>	VT	<input type="checkbox"/> Delete
<b>NAME</b>	PATTERSON, THOMAS J	
<b>STREET ADDRESS</b>	717 HARWOOD ST. # 1200	
<b>CITY-ST-ZIP</b>	DALLAS, TX	
<b>TITLE</b>	AS	<input type="checkbox"/> Delete
<b>NAME</b>	ZANOWICK, JOAN C	
<b>STREET ADDRESS</b>	201 N. NEW YORK AVENUE SUITE 200	
<b>CITY-ST-ZIP</b>	WINTER PARK, FL. 32789	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

CR2E034 (11/00)

**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 no change of the corporation or the receiver or trustee empowered to execute this report has occurred, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Joan C Zanowick AS Joan C Zanowick 4/23/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #