

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0096451 AV

DOCUMENT # P37903

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



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
03 APR -8 PM 3:27.

Principal Place of Business  
201 N. NEW YORK AVENUE STE 200  
WINTER PARK FL 32789  
US

Mailing Address  
201 N. NEW YORK AVENUE STE 200  
WINTER PARK FL 32789  
US

2. Principal Place of Business

3. Mailing Address  
6400 Congress Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
Ste. 2100

City & State

City & State  
Boca Raton FL

4. FEI Number 75-2417667

Applied For  
Not Applicable

Zip

Country

Zip

Country

33487 U.S.

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  
201 N. NEW YORK AVENUE STE 200  
WINTER PARK FL 32789

Name  
Corporation Service Company  
Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays St.  
City Tallahassee FL Zip Code 32301-2505

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Maria S. Replogle*  
Signature, typed or printed name of registered agent and title (if applicable)

**Maria S. Replogle**  
as its agent

4/8/03  
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
NAME HOEKSEMA, DOUGLAS A.  
STREET ADDRESS 201 N. NEW YORK AVENUE STE 200  
CITY-ST-ZIP WINTER PARK FL 32789 ☒ Delete

TITLE PD  
NAME michael mcGwier  
STREET ADDRESS 2859 Paces Ferry Rd. Ste 1100  
CITY-ST-ZIP Atlanta, GA 30339 ☐ Change ☒ Addition

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

TITLE V  
NAME alan Kolar  
STREET ADDRESS 201 n. new York Ave. Ste 200  
CITY-ST-ZIP Winter Park, FL 32789 ☐ Change ☒ Addition

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

TITLE AS  
NAME Shari Steinhardt  
STREET ADDRESS 6400 Congress Ave. Ste. 2100  
CITY-ST-ZIP Boca Raton, FL 33487 ☐ Change ☒ Addition

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

TITLE VTS  
NAME Patterson, Thomas J.  
STREET ADDRESS 2001 Bryan St. #3700  
CITY-ST-ZIP Dallas, TX 75201 ☒ Change ☐ Addition

TITLE AS  
NAME ZANOWICK, JOAN C  
STREET ADDRESS 201 N. NEW YORK AVENUE STE 200  
CITY-ST-ZIP WINTER PARK FL 32789 ☒ Delete

TITLE DVP  
NAME Crow, Harlan  
STREET ADDRESS 2100 McKinney Ave #700  
CITY-ST-ZIP Dallas, TX 75201 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Shari Steinhardt* 3-28-03 561-998-4451  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)