

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 91095 033 ***150.00

DOCUMENT # P39171

1. Entity Name

TCR BUENA VISTA, INC.

Principal Place of Business

201 N. NEW YORK AVE.
 STE 200
 WINTER PARK FL 32789
 US

Mailing Address

201 N. NEW YORK AVE.
 STE 200
 WINTER PARK FL 32789
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-2430689

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)

201 N. New York Ave

Ste 200

City

Winter Park, FL

FL

Zip Code

32789

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, 2001 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 A.
 STREET ADDRESS 201 N. NEW YORK AVE., STE 200
 CITY-ST-ZIP WINTER PARK FL 32789

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

TITLE VD ☐ Delete
 NAME CROW, HARLAN R.
 STREET ADDRESS 2001 ROSS AVE. #3500
 CITY-ST-ZIP DALLAS TX

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

TITLE VD ☐ Delete
 NAME TERWILLIGER, J. RONALD
 STREET ADDRESS 2859 PACES FERRY RD#2100
 CITY-ST-ZIP ATLANTA GA

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

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

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

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

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

TITLE VT ☒ Delete
 NAME COLLINS, MICHAEL
 STREET ADDRESS 1810 GATEWAY DR., STE 100
 CITY-ST-ZIP SAN MATEO CA 94404

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

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:

Joan C Zanowick

Joan C Zanowick

4/16/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)