

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90012 031 ***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
6400 CONGRESS AVE
STE 2100
BOCA RATON, FL 33487 US

54022720



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

02202004 Chg-P CR2E034 (10/03)

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
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCGWIER, MICHAEL			NAME			
STREET ADDRESS	2859 PACES FERRY RD STE 1100			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA, GA 30339			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CROW, HARLAN R.			NAME			
STREET ADDRESS	2001 ROSS AVE. #3500			STREET ADDRESS			
CITY-ST-ZIP	DALLAS, TX			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TERWILLIGER, J. RONALD			NAME			
STREET ADDRESS	2859 PACES FERRY RD#2100			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA, GA			CITY-ST-ZIP			
TITLE	VST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PATTERSON, THOMAS J			NAME			
STREET ADDRESS	717 N. HARWOOD #1200			STREET ADDRESS			
CITY-ST-ZIP	DALLAS, TX			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KOLAR, ALAN			NAME			
STREET ADDRESS	201 N NEW YORK AVE STE 200			STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK, FL 32789			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEINHARDT, SHARI			NAME			
STREET ADDRESS	6400 CONGRESS AVE STE 2100			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33487			CITY-ST-ZIP			

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 2/23/04 561-998-4451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #