

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90077 050 \*\*\*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

**50031301**



2. Principal Place of Business  
495 N. Keller Rd.  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

02102005 Chg-P CR2E034 (10/03)

City & State  
Maitland, FL  
Zip  
32751  
Country  
USA

City & State  
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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kolar, Alan
STREET ADDRESS	495 N. Keller Rd.
CITY-ST-ZIP	Maitland, FL 32751
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 Steinhart*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.14.05

Date

561-998-4451

Daytime Phone