

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000044635**

1. Entity Name

TCF AMERICA, INC.**FILED****Feb 20, 2001 8:00 am
Secretary of State**

02-20-2001 90013 034 ***158.75

Principal Place of Business

**201 E. PINE ST.
SUITE 1200
ORLANDO FL 32801**

Mailing Address

**201 E. PINE ST.
SUITE 1200
ORLANDO FL 32801**2. Principal Place of Business
c/o Pamela O. Price3. Mailing Address
c/o Pamela O. Price

Suite, Apt. #, etc.

301 E. Pine St. Ste. 1400

Suite, Apt. #, etc.

P.O. Box 3068

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32801

Country

USA

Zip

32802-3068

Country

USA

4. FEI Number

59-3255265

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

**PRICE, PAMELA O
301 E. PINE ST.
SUITE 1400
ORLANDO FL 32801**

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

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUJITA, SENJI	NAME	
STREET ADDRESS	201 E. PINE ST., #1200	STREET ADDRESS	301 E. Pine Street, Suite 1400
CITY-ST-ZIP	ORLANDO FL 32801	CITY-ST-ZIP	Orlando, Florida 32801
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAKAI, YOSHIMI	NAME	
STREET ADDRESS	201 E. PINE ST., #1200	STREET ADDRESS	301 E. Pine Street, Suite 1400
CITY-ST-ZIP	ORLANDO FL 32801	CITY-ST-ZIP	Orlando, Florida 32801
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIENER, WILLIAM J	NAME	
STREET ADDRESS	201 E. PINE ST., #1200	STREET ADDRESS	301 E. Pine Street, Suite 1400
CITY-ST-ZIP	ORLANDO FL 32801	CITY-ST-ZIP	Orlando, Florida 32801
TITLE	DTS <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NODA, YUJI	NAME	
STREET ADDRESS	201 E. PINE ST., #1200	STREET ADDRESS	301 E. Pine Street, Suite 1400
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	Orlando, Florida 32801
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William J. Wiener, Vice President

02/13/2001

Date

(212) 418-0190

Daytime Phone #

CR2E034 (10/00)

GRAY, HARRIS & ROBINSON

PROFESSIONAL ASSOCIATION

ATTORNEYS AT LAW

SUITE 1400

301 EAST PINE STREET

POST OFFICE BOX 3068

ORLANDO, FLORIDA 32802-3068

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WRITER'S DIRECT DIAL

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Barbara S. Buchanan, Paralegal

E-MAIL ADDRESS

bbuchana@ghrlaw.com

February 13, 2001

Annual Reports Filing
Division of Corporations
Post Office Box 1500
Tallahassee, FL 32302-1500

**Re: 2000 Uniform Business Report
TCF AMERICA, INC.
Document #: P94000044635**

Dear Sir or Madam:

I am enclosing with this letter the above-referenced Uniform Business Report. Also enclosed is a check in the amount of \$150.00 representing the filing fee and \$8.75 to cover the fee for a Certificate of Status.

Please forward the Certificate of Status for this corporation to the undersigned.

If you have any questions with respect to this filing, please feel free to contact the undersigned.

Sincerely,



Barbara S. Buchanan
Paralegal

BSB:clt

Enclosures

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