## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P94000044795

1. Entity Name

TCF SOUTHEAST, INC.

SIGNATURE:

Principal Place	e of Business	· · · · · ·	Mailing	Mailing Address													
201 EAST PINE ST. SUITE 1200 ORLANDO FL 32801			SUITE 1	201 EAST PINE ST. SUITE 1200 ORLANDO FL 32801-2725													
2. Principal Place of Business				3. Mailing Address													
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE									
City & State				City & State			4	, FEI Numbe	∍r į	59-3255002				Applied F			7
Zip		Country	Zip		Coun	try	5	. Certificate	of Sta	atus D	esired	X		8.75 ee Requ	Additi	<del></del>	1
<del></del> -	6. Name	and Address of Curre	nt Registere	d Agent	1		7	. Name and	Addr	ess o	f New	Registe					1
						Name											1
PRICE, PAMELA O 201 E. PINE ST. SUITE 1200						Street Address (P.O. Box Number is Not Acceptable)											<del> </del>
	E 1200 ANDO FL 3:	2001				}											
טאט	KINDO FL 3	2001				City		<del></del>					FL	Zip C	Code	<del>-</del>	
8. The above	named entity	submits this statemen	t for the purp	ose of changing its	register	ed office or	registered	agent, or bot	h, in t	he Sta	ate of F	lorida.					
SIGNATURE _	Signature, typed	or printed name of registered ag	ent and title if app	licable (NOT	E. Registere	d Agent signatur	e required whe	n 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, 2000 Fee will be \$550.00 Make Check Payable to Department of Str			50.00 of State		ist Fur	nd Co	ntributi	ion.		Ād	ided t	May Be Fees	
11.		OFFICERS AF	ND DIRECTO	RS	12.			ADDITIONS/	CHAI	NGES	TO OF	FICER	SAND	DIRECT	ORS_	N 11	<u>ہ</u> ا۔
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SENJI NE ST., #1200 ) FL 32801		☐ Delete										☐ Chan	ge	☐ Addition	00/0/ ///0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TAKAI, YO 201 E. PI			☐ Delete										☐ Chan	ge	☐ Addition	] [
TITLE NAME STREET ADDRESS CITY-ST-ZIP	201 E. PI	WILLIAM J NE ST., #1200 D FL 32801		☐ Delete									_	☐ Chan	ge	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS NODA, YI 201 E. PI			☐ Delete	1		<u> </u>		-	_				☐ Chan	ge	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete										☐ Chan	ge -	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u></u>	☐ Delete										☐ Chan	ge	☐ Addition	
13. I hereby of indicated of the cor	an this rone.	e information supplied to or supplemental repo	rt in truin and	accurate and that	or the exe	emption state	ed in Secti	on 119.07(3)	(i), Flo	orida S	Statutes	s. I furth	ner cert	ify that t	he inf	director -	

<u> William j:</u> Wiener

ND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Feb 20, 2000 8:00 am Secretary of State

02-20-2000 90051 042 \*\*\*158.75

(212)418-0132

Daytime Phone #

FEBRUARY 11, 2000