

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90237 003 ***150.00

DOCUMENT # S99694

1. Entity Name

TCW DEVELOPMENT CORP.

Principal Place of Business

**ATTN. FINANCIAL SERVICES
 400 SECOND AVE S
 MINNEAPOLIS MN 55401**

Mailing Address

**ATTN. FINANCIAL SERVICES
 400 SECOND AVE S
 MINNEAPOLIS MN 55401**

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

41-1712761

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

**PIERCE, SCOTT
 OLD REPUBLIC NATIONAL TITLE INSURANCE CO
 100 S ASHLEY DR, SUITE 700
 TAMPA FL 33062-5300**

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FYLE, NATALIE 12248 KILLDEER ST NW COON RAPIDS MN	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HAVISTO, KRISTEN 5458 ORCHARD AVE N CRYSTAL MN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD GREGORY, C G 5978 N HOBE CT WHITE BEAR LAKE MN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD CLEAVELAND, J B 10578 WELLINGTON LN MAPLE GROVE MN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PIERCE, S 15101 GREENHORN WAY TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHIPINSKI, ROBERT L 14813 WILLIAMSBURG CURVE BURNSVILLE MN	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Michael G. Mueller 9569 Yorkshire Lane Eden Prairie, MN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

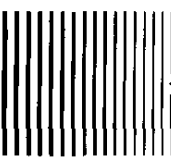
SIGNATURE: J B Cleaveland Vice President & Treasurer 7/10/01 800-328-4441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)



OLD REPUBLIC
National Title Insurance Company

400 Second Avenue South
Minneapolis, Minnesota 55401-2499
(612) 371-1111
1-800-328-4441
www.oldrepublictitle.com

July 11, 2001

Attachments

Doc # S 99694
CO073598

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: 2001 Uniform Business Report Document # S99694

Dear Sir or Madam:

Enclosed is a 2001 Uniform Business Report for TCW Development Corporation. We never received the first notice. I spoke with Robert in your office and was told I could send the original \$150.00 fee along with this letter.

If any additional documentation is required, please contact me at (612) 371-1111.

Sincerely,

J. B. Cleaveland
Vice President and Treasurer

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Encls.