

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 759301**

1. Entity Name

**EVERGREEN TERRACE, A CONDOMINIUM, INC.**

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90061 024 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1300 METROPOLITAN BLVD 2 FL  
 TALL FL 32308  
 US

PO BOX 14019  
 TALLAHASSEE FL 32317-4019  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2153838**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DAUGHTRY, TAMMY**  
 1300 METROPOLITAN BLVD 2 FL  
 TALLAHASSEE FL 32308

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

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	JOHNSON, BARBARA	
STREET ADDRESS	216 DIXIE DR D8	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	NOBLIN, MILLARD	
STREET ADDRESS	1300 METROPOLYAN BLVD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DAVIDSON, LOUISE	
STREET ADDRESS	458 GLORY RD	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LANE, RANDOLPH	
STREET ADDRESS	2471 LISE LN	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD, SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnson, Barbara	
STREET ADDRESS	216 Dixie Dr. D8	
CITY-ST-ZIP	Tallahassee, Fl. 32304	
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	<del>Grady Jordan</del> D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grady Jordan	
STREET ADDRESS	5277 Buck Lake Rd.	
CITY-ST-ZIP	Tallahassee, Fl. 32311	
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 617, 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Randolph H. Lane* 3/21/00 (950) 385-0097

CR2E037 (9/99)