

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90451 039 ****61.25

DOCUMENT # 759301

1. Entity Name

EVERGREEN TERRACE, A CONDOMINIUM, INC.

Principal Place of Business

1300 METROPOLITAN BLVD 2 FL
 TALL FL 32308
 US

Mailing Address

PO BOX 14019
 TALLAHASSEE FL 32317
 US

2. Principal Place of Business

1815 Miccosukee Commons Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

104

City & State

Tallahassee FL

Zip
 32308

Country
 USA

Zip

Country

4. FEI Number

59-2153838

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DAUGHTRY, TAMMY
 1300 METROPOLITAN BLVD 2 FL
 TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name: Tammy Daughtry
 Street Address (P.O. Box Number is Not Acceptable): 1815 Miccosukee Commons Dr.
Suite 104
 City: Tallahassee FL Zip Code: 32308

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

Tammy S. Daughtry, Assoc. Mgr. 1-10-01
 (NOTE: Registered Agent signature required when reinstating)

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDSD JOHNSON, BARBARA 216 DIXIE DR D8 TALLAHASSEE FL 32304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NOBLIN, MILLARD 1300 METROPOLITAN BLVD TALLAHASSEE FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANE, RANDOLPH 2471 LISE LN TALLAHASSEE FL 32310	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, GRADY 5277 BUCK LAKE RD TALLAHASSEE FL 32311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Johnson, Barbara 216 Dixie Dr. D8 Tallahassee FL 32304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Noblin, Millard 1815 Miccosukee Commons Dr. Suite 104 Tallahassee FL 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lane, Randolph 2741 Windrose Trail Tallahassee, FL 32310	<input checked="" 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	D David Jones 216 Dixie Dr. F5 Tallahassee FL 32304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FD Jean Frazier 3040 Royal Palm Way Tallahassee, FL 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

Randolph Lane 2/7/01 (850) 385-1400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)