

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90081 044 \*\*\*\*61.25

**DOCUMENT # 759301**

1. Entity Name

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

Principal Place of Business

Mailing Address

1815 MICCOSUKEE COMMONS DR  
 104  
 TALL FL 32308  
 US

PO BOX 14019  
 TALLAHASSEE FL 32317  
 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**  
**1815 MICCOSUKEE COMMONS DR**  
**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 **SD**  Delete  
 NAME **JOHNSON, BARBARA**  
 STREET ADDRESS **216 DIXIE DR D8**  
 CITY-ST-ZIP **TALLAHASSEE FL 32304**

TITLE **PD**  Change  Addition  
 NAME **Johnson, Barbara**  
 STREET ADDRESS **216 Dixie Dr. D-8**  
 CITY-ST-ZIP **Tallahassee, FL 32304**

TITLE **D**  Delete  
 NAME **NOBLIN, MILLARD**  
 STREET ADDRESS **1300 METROPOLYAN BLVD**  
 CITY-ST-ZIP **TALLAHASSEE FL 32306**

TITLE **[scribble]**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  Delete  
 NAME **LANE, RANDOLPH**  
 STREET ADDRESS **2741 WINDROSE TRAIL**  
 CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **JORDAN, GRADY**  
 STREET ADDRESS **5277 BUCK LAKE RD**  
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **STD**  Change  Addition  
 NAME **Jordan, Grady**  
 STREET ADDRESS **5277 Buck Lake Rd.**  
 CITY-ST-ZIP **Tallahassee, FL 32311**

TITLE **D**  Delete  
 NAME **JONES, DAVID**  
 STREET ADDRESS **216 DIXIE DR F5**  
 CITY-ST-ZIP **TALLAHASSEE FL 32304**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **FRAZIER, JEAN**  
 STREET ADDRESS **3040 ROYAL PALM WAY**  
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE  Change  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** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/02**

Date

**385-0094**

Daytime Phone #

CR2E037 (9/01)