## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 16, 2000 8:00 am Secretary of State DOCUMENT # 765926 1. Entity Name TERRACE PALMS CONDOMINIUM, INC. 05-16-2000 90042 002 \*\*\*\*61.25 Principal Place of Business Mailing Address 11801 N. 50TH STREET 11801 N. 50TH STREET **TAMPA FL 33617** TAMPA FL 33617-1417 2. Principal Place of Business 3. Mailing Address NANAFGRE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE DR 54.89 Applied For 4. FEI Number City & State 59-2313952 Not Applicable Suntry \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name Box Number is Not Acceptable) STAVING, JAMES A 11801 N 50TH ST OFFICE 840 **TAMPA FL 33617** 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 COM DATE (NOTE; Registered Agent signature required when reinstating) Signature, typed 9. Election Campaign Financing Make Check Payable to , FILE NOW: . \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS-\$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition PD ☐ Delete TITLE TITLE PEARSON, STEVE NAME NAME STREET ADDRESS STREET ADDRESS 8625 QUAIL RUN DR CITY-ST-ZIF CITY-ST-ZIP WESLY CHAPEL FL Change ☐ Addition TITLE TITLE Tracy Moll 11801 N 50 NAME NAME COWLES, GENE STREET ADDRESS STREET ADDRESS 615 SPRING BLOSSOM CT CITY-ST-ZIP CITY-ST-ZIP BRANDON FL ----☐ Addition Delete TITLE ☐ Change TITLE PUEBLA, MARK NAME NAME STREET ADDRESS 11801 N 50TH ST F-21 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33617 Change Delete TITLE SD TITLE Addition STAVING, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 4226 RIVERHILLS DRIVE CITY-ST-ZIE CITY-ST-ZIP **TAMPA FL 33617** ۷D ☐ Delete TITLE ☐ Change Addition TITLE HALL, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS **4714 DEERWALK AVENUE** CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33624

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 dustee 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TD

SEAY, DIANE

TAMPA FL 33647

9925 CYPRESS SHADOW AVE

TITLE

NAME

STREET ADDRESS

CITY ST-ZIP

SIGNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

☐ Change

☐ Addition