

2001 UNIFORM BUSINESS REPORT (UBR)

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

03-19-2001 90008 032 ****61.25

DOCUMENT # 765926

1. Entity Name
TERRACE PALMS CONDOMINIUM, INC.

Principal Place of Business 11801 N 50TH STREET TAMPA FL 33617	Mailing Address C/O STERLING MANAGEMENT 2880 SCHERER DR., STE 840 SAINT PETERSBURG FL 33716 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business VANGUARD MANAGEMENT Suite, Apt. #, etc. 9300 N. 16 ST. City & State TAMPA, FL Zip 33612 Country US	3. Mailing Address VANGUARD MANAGEMENT Suite, Apt. #, etc. 9300 N. 16 ST. City & State TAMPA, FL Zip 33612 Country US
---	---

4. FEI Number 59-2313952	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SANDERS, JOE
STERLING MANAGEMENT
2880 SCHERER DR., STE 840
SAINPETERSBURG FL 33716

7. Name and Address of New Registered Agent
 Name: **MOYER, BOB**
 Street Address (P.O. Box Number is Not Acceptable):
9300 N. 16TH ST.
 City: **TAMPA, FL** Zip Code: **33612**

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:  **BOB MOYER, Agent** DATE: **3-16-01**
(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	PD PEARSON, STEVE 8625 QUAIL RUN DR WESLY CHAPEL FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLL, TRACY 11801 N 50TH ST. H-24 TAMPA FL 33617	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUEBLA, MARK 11801 N 50TH ST F-21 TAMPA FL 33617	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEARSON, NAN 11801 N 50TH ST., J-12 TAMPA FL 33617	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HALL, ROBERT 4714 DEERWALK AVENUE TAMPA FL 33624	<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	A MOYER, BOB 9300 N. 16 ST. TAMPA, FL 33612	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	H-24	<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	HALL, ROBERT JR. P.O. BOX 273786 TAMPA, FL 33688	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COWLES, GENE P.O. BOX 1775 SAFETY HARBOR, FL 34695	<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:  **BOB MOYER, Agent** DATE: **3-16-01** (813) 930-8036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)