

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F63043

1. Entity Name
PHIL-CHRIS TERRACE, INC.

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90023 033 ***150.00

Principal Place of Business % CHRISTINE PHILBRICK 600 BILTMORE WAY. #417 CORAL GABLES FL 33134 US	Mailing Address C/O KENNETH LANCASTER CPA.PA 50 W MASHTA DR #6 KEY BISCAYNE FL 33149-2431 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2237819	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent LANCASTER, KENNETH M CPA 50 W MASHTA DR #6 KEY BISCAYNE FL 33149-9496		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<input type="checkbox"/> FL <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	TS	<input type="checkbox"/> Delete		TITLE	TS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PHILBRICK, ROSEMARY			NAME	PHILBRICK, ROSEMARY		
STREET ADDRESS	111 BOYD DR			STREET ADDRESS	2567 CANTERBURY CIRCLE		
CITY-ST-ZIP	FLT ROCK NC			CITY-ST-ZIP	VICRA, FL. 32955		
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MONROE, JILL			NAME			
STREET ADDRESS	18 HIGDON CT			STREET ADDRESS			
CITY-ST-ZIP	FT WALTON BEACH FL			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE	VD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PHILBRICK, JACKSON			NAME	PHILBRICK, JACKSON		
STREET ADDRESS	111 BOYD DR.			STREET ADDRESS	2567 CANTERBURY CIRCLE		
CITY-ST-ZIP	FLT ROCK NC			CITY-ST-ZIP	VICRA, FL. 32955		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PHILBRICK, CHRISTINE J			NAME			
STREET ADDRESS	600 BILTMORE WAY APT. #407			STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rosemary Philbrick **Rosemary Philbrick** 1/26/2000 (321) 638-3766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #