

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90064 035 ***150.00

UBR0000

DOCUMENT # J83024

1. Entity Name
THE TERRACE BANK OF FLORIDA

Principal Place of Business 5140 EAST FOWLER AVENUE P.O. BOX 16828, TEMPLE TERRACE, 33687 TAMPA FL 33687-6828 US	Mailing Address 5140 EAST FOWLER AVENUE P.O. BOX 16828, TEMPLE TERRACE, 33687 TAMPA FL 33687-6828 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2689717** Applied For Not Applicable

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

Puffer, John W. III
5140 E. Fowler Ave.
Tampa, FL 33617

Name
Street Address (P.O. Box Number is Not Acceptable)
City
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's signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '01	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEWEESE, WILLIAM O 4033 PRIORY CIRCLE TAMPA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Paul Tomasino 5140 E. Fowler Ave. Tampa, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCARTHY, JOHN J 5110 STONEHURST RD TAMPA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D & P John W. Puffer III 5140 E. Fowler Ave. Tampa, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, CHARLES G 4901 W HANNA AVE TAMPA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roland A. Goehring 5140 E. Fowler Ave. Tampa, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKEEL, ROSS ANN 5140 E FOWLER AVE TAMPA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, DAVID J 4810 E BUSCH BLVD SUITE H TAMPA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, BRETT 5140 E FOWLER AVE TAMPA FL 33617	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Brett Mills

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: Brett Mills **Brett Mills** 3/23/01 813-349-4569
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)