

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90247 028 \*\*\*\*61.25

**DOCUMENT # N94000001200**

1. Entity Name

**TILLERY TERRACE PROPERTY OWNERS' ASSOCIATION, IN**

Principal Place of Business

Mailing Address

**3246 CURTIS DANE LN.  
 LAKELAND FL 33813  
 US**

**3246 CURTIS DANE LN.  
 LAKELAND FL 33813-6319  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3232092**

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

**GOHEEN, JOYCE  
 3246 CURTIS DANE LN.  
 LAKELAND FL 33813**

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  Delete  
 NAME **PD WILLITZ, JOEL**  
 STREET ADDRESS **5785 TANASI COURT**  
 CITY-ST-ZIP **LAKELAND FL 33813**

Change  Addition

TITLE  Delete  
 NAME **VD TEMPLE, ELIZABETH L**  
 STREET ADDRESS **3258 CURTIS DANE LN**  
 CITY-ST-ZIP **LAKELAND FL 33813**

Change  Addition

TITLE  Delete  
 NAME **STD GOHEEN, JOYCE**  
 STREET ADDRESS **3246 CURTIS DANE LN.**  
 CITY-ST-ZIP **LAKELAND FL 33813**

Change  Addition

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/11/00**  
 Date

**863-701-0302**  
 Daytime Phone #

CR2E037 (9/99)