

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90105 008 ****61.25

DOCUMENT # N98000005671

1. Entity Name

TERRACE POWER TRAVEL HOCKEY ORGANIZATION, INC.

Principal Place of Business

Mailing Address

13615 DIAMOND HEAD DR
TAMPA FL 33624

505 MORGAN ST
TAMPA FL 33602-3905

103293



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

505 MORGAN ST.

3. Mailing Address

505 MORGAN ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FLA

City & State

TAMPA, FLA

4. FEI Number

59-3538734

Applied For

Not Applicable

Zip **33602**

Country **USA**

Zip **33602**

Country **USA**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAZOS, CARLOS
13615 DIAMOND HEAD DR
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name **FRED LOWE**
 Street Address (P.O. Box Number is Not Acceptable)
505 MORGAN ST.
 City **TAMPA** FL Zip Code **33602**

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 *Frederick Lowe* **FREDERICK LOWE** May 1, 2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
SEE 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	D GONZALEZ, BRIAN	<input type="checkbox"/> Delete
STREET ADDRESS	505 MORGAN ST	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE NAME	D BOOTH, JACKIE DR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4126 DELL BROOK DR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE NAME	D BALDWIN, BEVERLY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	14840 OAKVINE DR	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D DON REINHOLD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	15818 GLENARYN DR.	
CITY-ST-ZIP	TAMPA, FLA 33618	
TITLE NAME	D BRUCE ZAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2608 HEATHERWOOD DR.	
CITY-ST-ZIP	TAMPA, FLA 33618	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: *Frederick Lowe* **SIGNATURE REQUIRED** May 1, 2000 (813) 221-0632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 19/99