

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90747 048 ****66.25

DOCUMENT # 715507

1. Entity Name
BARR TERRACE, INC.



Principal Place of Business
**50 EAST ROAD
DELRAY BEACH FL 33483**

Mailing Address
**50 EAST ROAD
DELRAY BEACH FL 33483**

70026630



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1284354**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DOCKTOR
DOCKTOR, FRANK
50 EAST RD
4-B
DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	☒ Delete
NAME	FEBLOWITZ, GERALD	
STREET ADDRESS	50 EAST RD # 10A	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	PD	☐ Delete
NAME	DOCKTOR, FRANK	
STREET ADDRESS	50 EAST ROAD # 9B	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	SD	☐ Delete
NAME	VANCE, ELIZABETH	
STREET ADDRESS	50 EAST ROAD #7D	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	TD	☒ Delete
NAME	SINNOTT, EDWARD	
STREET ADDRESS	50 EAST RD # 4C	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	☐ Change ☒ Addition
NAME	John Burke	
STREET ADDRESS	50 East Rd # 5D	
CITY-ST-ZIP	Boynton Beach, FL 33483	
TITLE	TD	☒ Change ☐ Addition
NAME	Gerald Feblowitz	
STREET ADDRESS	50 East Rd # 10A	
CITY-ST-ZIP	DeLray Beach, FL 33483	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/03

Daytime Phone #

CR2E037 (10/02)