

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90079 043 ****61.25

DOCUMENT # 765926

1. Entity Name

TERRACE PALMS CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

VANGUARD MANAGEMENT
9300 N 16 ST
TAMPA FL 33612

VANGUARD MANAGEMENT
9300 N 16 ST
TAMPA FL 33612
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2313952

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

MOYER, BOB
9300 N 16 ST
TAMPA FL 33612

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	PD	<input checked="" type="checkbox"/> Delete
NAME	PEARSON, STEVE	
STREET ADDRESS	8625 CHAIL RUN DR	
CITY-ST-ZIP	WESLEY CHAPEL FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOLL, TRACY	
STREET ADDRESS	11801 N 50TH ST H-24	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PUEBLA, MARK	
STREET ADDRESS	11801 N 50TH ST F-21	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PEARSON, NAN	
STREET ADDRESS	11801 N 50TH ST., J-12	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	VO	<input type="checkbox"/> Delete
NAME	HALL, ROBERT	
STREET ADDRESS	P.O. BOX 273786	
CITY-ST-ZIP	TAMPA FL 33688	
TITLE	A	<input type="checkbox"/> Delete
NAME	BOYER, BOB	
STREET ADDRESS	9300 N 16 ST	
CITY-ST-ZIP	TAMPA FL 33612	

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STARBUCK, MIKE	
STREET ADDRESS	11801 N. 50th ST.	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGERS, TERRENCE	
STREET ADDRESS	11801 N. 50th ST., K-11	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLTSBERG, TIFFINI	
STREET ADDRESS	11801 N. 50th ST., G-25	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROOT, JAMES	
STREET ADDRESS	11801 N. 50th ST. J-22	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, ROBERT JR	
STREET ADDRESS	5429 STORM ROAD	
CITY-ST-ZIP	LUTZ, FL 33558	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOYER	
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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)