

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002742**

1. Entity Name
TERRA HOLDINGS, LTD.

FILED

00 FEB 17 PM 2: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**5456-A W. CRENSHAW STREET
TAMPA FL 33634**

Mailing Address
**5456-A W. CRENSHAW STREET
TAMPA FL 33634-3009**

2. Principal Place of Business.
6028 Benjamin RD
Suite, Apt. #, etc.

3. Mailing Address
6028 Benjamin RD.
Suite, Apt. #, etc.

City & State
TAMPA FL
Zip
33634
Country
USA

City & State
TAMPA FL
Zip
33634
Country
USA

4. FEI Number
59-3492953

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCAGLIONE, CARMEN YVONNE
5456-A W. CRENSHAW ST.
TAMPA FL 33634**

7. Name and Address of New Registered Agent

Name
SCAGLIONE, CARMEN YVONNE
Street Address (P.O. Box Number is Not Acceptable)
6028 Benjamin RD
City
TAMPA FL Zip Code
33634

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
2/14/00

9. Capital Contributions
as Shown on record. **\$550,140.00**

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P95000074277**
NAME **DIAMON S DEVELOPMENT CORPORATION**
STREET ADDRESS **18904 ARBOR DRIVE**
CITY - ST - ZIP **LUTZ FL 33549**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

0000003156470--1
-03/03/00--01067--002
******526.25 ****526.25**

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)