

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F42598

1. Entity Name

TERCO, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90049 027 ***150.00

Principal Place of Business

Mailing Address

7200 DAVIS BLVD
NAPLES FL 33962-4901

7200 DAVIS BLVD
NAPLES FL 34104-5303

2. Principal Place of Business

3. Mailing Address

4555 Radio Rd

4555 Radio Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples FL

4. FEI Number

59-2155606

Applied For

Not Applicable

Zip

34104

Country

Zip

34104

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

HUBSCHAMN, HARRISON
7200 DAVIS BLVD
NAPLES FL 33962

Name

Harrison Hubschman

Street Address (P.O. Box Number is Not Acceptable)

4555 Radio Rd

City

Naples

FL

34104

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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	HUBSCHAMN, SAMUEL	
STREET ADDRESS	102 TUPELO RD.	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BEYRENT, TERYL	
STREET ADDRESS	5147 SEAHORSE AVE.	
CITY-ST-ZIP	NAPLES FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	HUBSCHMAN, HARRISON	
STREET ADDRESS	101 CARICA RD.	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HUBSCHMAN, CONNIE	
STREET ADDRESS	50 DOLPHIN CIRCLE	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HUBSCHAMN, ALBERT	
STREET ADDRESS	529 WEST PLACE	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

5/1/00

Date

Daytime Phone #

CR2E034 (9/99)