

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F63043

1. Entity Name

PHIL-CHRIS TERRACE, INC.

**FILED**  
**Jan 31, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90023 033 \*\*\*150.00

Principal Place of Business  
% CHRISTINE PHILBRICK  
600 BILTMORE WAY. #417  
CORAL GABLES FL 33134  
US

Mailing Address  
C/O KENNETH LANCASTER CPA.PA  
50 W MASHTA DR #6  
KEY BISCAYNE FL 33149-2431  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **59-2237819** ☐ Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LANCASTER, KENNETH M CPA  
50 W MASHTA DR #6  
KEY BISCAYNE FL 33149-9496

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	TS	<input type="checkbox"/> Delete
NAME	PHILBRICK, ROSEMARY	
STREET ADDRESS	111 BOYD DR	
CITY-ST-ZIP	FLT ROCK NC	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MONROE, JILL	
STREET ADDRESS	18 HIGDON CT	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PHILBRICK, JACKSON	
STREET ADDRESS	111 BOYD DR.	
CITY-ST-ZIP	FLT ROCK NC	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHILBRICK, CHRISTINE J	
STREET ADDRESS	600 BILTMORE WAY APT. #407	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILBRICK, ROSEMARY	
STREET ADDRESS	2567 CANTERBURY CIRCLE	
CITY-ST-ZIP	VICRA, FL. 32955	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILBRICK, JACKSON	
STREET ADDRESS	2567 CANTERBURY CIRCLE	
CITY-ST-ZIP	VICRA, FL. 32955	
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

Date

Daytime Phone #

*Rosemary Philbrick* **Rosemary Philbrick** 1/26/2000 (321) 638-3766