

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90047 001 ***150.00

DOCUMENT # J83024

1. Entity Name

THE TERRACE BANK OF FLORIDA

Principal Place of Business

Mailing Address

5140 EAST FOWLER AVENUE
 P.O. BOX 16828, TEMPLE TERRACE, 33687
 TAMPA FL 33687-6828
 US

5140 EAST FOWLER AVENUE
 P.O. BOX 16828, TEMPLE TERRACE, 33687
 TAMPA FL 33687-6828
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2689717

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

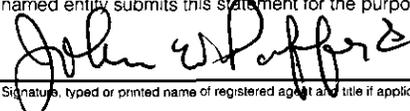
Name **John W Puffer III**

Street Address (P.O. Box Number is Not Acceptable)
5140 E Fowler Ave

City **Tampa, Fl** **FL** Zip Code **33617**

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



John W Puffer III

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.

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

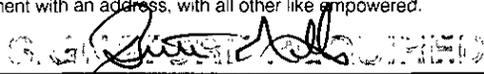
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	DEWESE, WILLIAM O
STREET ADDRESS	4033 PRIORY CIRCLE
CITY-ST-ZIP	TAMPA FL
TITLE	V <input type="checkbox"/> Delete
NAME	MCCARTHY, JOHN J
STREET ADDRESS	5110 STONEHURST RD
CITY-ST-ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> Delete
NAME	PORTER, CHARLES G
STREET ADDRESS	4901 W HANNA AVE
CITY-ST-ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> Delete
NAME	MCKEEL, ROSS ANN
STREET ADDRESS	5140 E FOWLER AVE
CITY-ST-ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> Delete
NAME	SMITH, DAVID J
STREET ADDRESS	4810 E BUSCH BLVD SUITE H
CITY-ST-ZIP	TAMPA FL
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	KLUFT, GERALD M
STREET ADDRESS	16408 AVILA BLVD
CITY-ST-ZIP	TAMPA FL

TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roland A Goehring
STREET ADDRESS	5140 E Fowler Ave
CITY-ST-ZIP	Tampa, FL 33617
TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brett Mills
STREET ADDRESS	5140 E Fowler Ave
CITY-ST-ZIP	Tampa, FL 33617
TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John W Puffer III
STREET ADDRESS	5140 E Fowler Ave
CITY-ST-ZIP	Tampa, FL 33617
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Tomasino
STREET ADDRESS	5140 E Fowler Ave
CITY-ST-ZIP	Tampa, FL 33617
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:



Brett Mills

813-349-4569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)