

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K07890

1. Entity Name

TERRA RESEARCH CORPORATION

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90081 022 ***150.00

Principal Place of Business

14101 BUCZAK RD.
13082 SADDLE WAY
BROOKSVILLE FL 34614-2949
US

Mailing Address

C/O ROBERT E BURBANK
14101 BUCZAK RD.
BROOKSVILLE FL 34614-2941
US

2. Principal Place of Business

Grove Rd.
7281 Sunshine

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

116

City & State

Brooksville, FL

City & State

P

Zip

34614

Country

Hernando

Zip

Country

4. FEI Number

59-2860294

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURBANK, ROBERT E.
14101 BUCZAK RD.
BROOKSVILLE FL 34614

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 DP
NAME BURBANK, ROBERT E.
STREET ADDRESS 14101 BUCZAK ROAD
CITY-ST-ZIP BROOKSVILLE FL 34614

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)