

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90050 038 ***150.00

0020435

DOCUMENT # L41789

1. Entity Name

FLORIDA TERRA FIRMA CORPORATION

Principal Place of Business

Mailing Address

% RICHARD R. SIGNORE
 3055 GENOA LANE
 JUPITER FL 33477

% RICHARD R. SIGNORE
 3055 GENOA LANE
 JUPITER FL 33477

000015



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0172493**

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

SIGNORE, RICHARD R.
3055 GENOA LANE
JUPITER FL 33477

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, 2001 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	SIGNORE, RICHARD R.	
STREET ADDRESS	3055 GENOA LANE	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIGNORE, JOYCE M.	
STREET ADDRESS	3055 GENOA LANE	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOVRICH, LYNNE S	
STREET ADDRESS	25 HARVARD RD	
CITY-ST-ZIP	WATERLIET NY 12189	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIGNORE, MICHAEL R	
STREET ADDRESS	254 GEORGETOWN CT	
CITY-ST-ZIP	ALBANY NY 12203	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIGNORE, LESLIE A	
STREET ADDRESS	591A SAND CREEK RD	
CITY-ST-ZIP	ALBANY NY 12205	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIGNORE, MICHAEL R.	
STREET ADDRESS	591A SAND CREEK ROAD	
CITY-ST-ZIP	ALBANY N.Y. 12205	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIGNORE, LESLIE A	
STREET ADDRESS	26A PRINCE COURT	
CITY-ST-ZIP	LOUDBOROUGH, N.Y. 12211	
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: Richard R. Signore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/01
Date

561-575-0529
Daytime Phone #

CR2E034 (1/0/00)