

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2002 8:00 am**  
**Secretary of State**

01-17-2002 90009 043 \*\*\*\*55.00

**DOCUMENT # L99000005770**

1. Entity Name

**TERRACE INVESTORS, LLC**

Principal Place of Business

**6315 SANTA FE DRIVE  
 ZEPHYRHILLS FL 33540**

Mailing Address

**6315 SANTA FE DRIVE  
 ZEPHYRHILLS FL 33540**

2. Principal Place of Business

**8320 W. SUNRISE BLVD**

3. Mailing Address

**8320 W. SUNRISE BLVD**

Suite/Apt. #, etc.

**108**

Suite/Apt. #, etc.

**108**

City & State

**PLANTATION, FL**

City & State

**PLANTATION, FL**

Zip

**33322**

Country

**USA**

Zip

**33322**

Country

**USA**

4. FEI Number

**59-3634260**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PELLETIER, RAYMOND  
 6130 PUEBLO DR.  
 ZEPHYRHILLS FL 33540**

7. Name and Address of New Registered Agent

Name **GERALD K. HOLSTEIN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8320 W. SUNRISE BLVD**  
**SUITE 108**  
 City **PLANTATION** FL Zip Code **33322**

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

(NOTE: Registered Agent signature required when reinstating)

**1/15/02**  
 DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGR</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PELLETIER, RAYMOND</b>	
STREET ADDRESS	<b>6130 PUEBLO DRIVE</b>	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL 33540</b>	
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>MARY ANN HOLDEN</b>	
STREET ADDRESS	<b>1845 MONTE CARLO WAY</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33071</b>	
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>MCCONIHAY, STEPHEN E JR.</b>	
STREET ADDRESS	<b>2350 LAKESHORE DRIVE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33759</b>	
TITLE	<b>MGR</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PELLETIER, RAYMOND</b>	
STREET ADDRESS	<b>6315 SANTA FE DRIVE</b>	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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	<b>MGR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GERALD K. HOLSTEIN</b>	
STREET ADDRESS	<b>8320 W. SUNRISE BLVD #108</b>	
CITY-ST-ZIP	<b>PLANTATION, FL 33322</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Signature]* **GERALD K. HOLSTEIN** **1/15/02** **(954) 370-8220**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)