

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000007053**

1. Entity Name

TERRACE PROPERTIES, LLC

FILED

00 JAN 26 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

858 GOLFVIEW TERRACE
WINTER PARK FL 32789

Mailing Address

858 GOLFVIEW TERRACE
WINTER PARK FL 32789-2517

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

EIN 59-3608138

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SAUNDERS, ERICA J
858 GOLFVIEW TERRACE
WINTER PARK FL 32789

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Add
NAME **MANAGING MEMBER**
STREET ADDRESS **ERICA SAUNDERS**
CITY - ST - ZIP **858 GOLFVIEW TERRACE**
WINTER PARK, FL 32789

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY - ST - ZIP
000003118200--5
-02/01/00--01062--001
*******50.00 *****50.00**

TITLE ☐ Delete
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TITLE ☐ Change ☐ Add
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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:

Erica Saunders
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1/12/2K 407-629-7167