

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90121 031 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # N00608</b>   |   |
| 1. Entity Name<br><b>TERRA COVE HOMEOWNERS CORPORATION NUMBER TWO, IN</b>                    |   |
| Principal Place of Business<br><b>3900 CLARK RD<br/>STE L-1<br/>SARASOTA FL 34233<br/>US</b> | Mailing Address<br><b>3900 CLARK RD<br/>STE L-A<br/>SARASOTA FL 34233-2301<br/>US</b> |
| 2. Principal Place of Business   | 3. Mailing Address  |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.   |
| City & State   | City & State  |
| Zip  | Country   |



DO NOT WRITE IN THIS SPACE

|   |  |   |
|---|--|---|
| 4. FEI Number<br><b>59-2280878</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable                                |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75</b> Additional Fee Required   |
| <b>6. Name and Address of Current Registered Agent</b>  |  | <b>7. Name and Address of New Registered Agent</b>                                    |
| <b>DOMBER, HARLAN R.</b><br><b>3900 CLARK RD</b><br><b>STE L-A</b><br><b>SARASOTA FL 34233</b>  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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   |  | DATE  |

|                                     |  |                                    |  |
|-------------------------------------|--|------------------------------------|--|
| <b>FILE NOW:<br/>FEE IS \$61.25</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to<br/>Department of State</b> |
|-------------------------------------|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |  |
|--|---|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>EVANS, M. REECE<br/>98 CAPTAIN KIDD CIRCLE<br/>NOKOMIS FL 34275</b> | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>PAIT, RANDY<br/>78 LONG BEN LANE<br/>NOKOMIS FL 34275</b>           | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>LAKE, RICHARD W<br/>71 LONG BEN LANE<br/>NOKOMIS FL 34275</b>       | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>VD<br/>Joseph Schillaci<br/>74 Long Ben Lane<br/>Nokomis, FL 34275</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CD<br/>THOENE, MILTON H<br/>55 BLACKBEARD LN<br/>NOKOMIS FL 34275</b>      | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>VD<br/>Pat Kiernan<br/>43 Labitte Dr.<br/>Nokomis, FL 34275</b>        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>HOOVER, OWEN C<br/>50 BLACKBEARD LANE<br/>NOKOMIS FL 34275</b>      | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>CD<br/>CD</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *(Signature)* **29 Feb 2000** **941-488-9368**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)