

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90046 006 ****61.25

000743



DO NOT WRITE IN THIS SPACE

DOCUMENT # N02127 1. Entity Name TERRACE HILL HOMEOWNERS CONDOMINIUM ASSOCIATION,				 DO NOT WRITE IN THIS SPACE	
Principal Place of Business 900 WESTRIDGE DRIVE DEBARY FL 32713		Mailing Address 900 WESTRIDGE DRIVE DEBARY FL 32713			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
4. FEI Number 59-2700442				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KINCAID, ALLEN 955 EASTRIDGE DR DEBARY FL 32713				7. Name and Address of New Registered Agent Name CURTIS D. LEE Street Address (P.O. Box Number is Not Acceptable) 350 TERRACE HILL BLVD. City DEBARY FL 32713	
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 <u>CURTIS D. LEE, PRESIDENT</u> <u><i>Curtis D. Lee</i></u> <u>JAN 8, 2001</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KINCAID, ALLEN 955 EASTRIDGE DR DEBARY FL 32713	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEE, CURTIS D. 350 TERRACE HILL BLVD. DEBARY, FL 32713	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ESTHER KARRAS 225 HOMEWOOD AVE DEBARY FL 32713	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEE, CURTIS 350 TERRACE HILL BLVD DEBARY FL 32713	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KINCAID, ALLEN 955 EASTRIDGE DR. DEBARY, FL 32713	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BALDWIN, JOSEPH 315 TERRACE HILL BLVD DEBARY FL 32713	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPICONARDI, THOMAS G 415 TERRACE HILL BLVD DEBARY FL 32713	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)				
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: <u><i>Curtis D. Lee</i></u> <u>JAN 8, 2001</u> <u>(904) 774-9300</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E037 (10/00)