

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06007

1. Entity Name

BEACON TERRACE OWNERS ASSOCIATION, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90058 016 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 1044
PALM HARBOR FL 34682

P.O. BOX 1044
PALM HARBOR FL 34682-1044

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

TEVNIS, TERRY
371 MAE COURT
STE 1
PALM HARBOR FL 34683

Name

EDWARDS, DAVID

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

1428 NOELL BLVD.,

City

PALM HARBOR,

FL

Zip Code

34683-5638

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 DAVID EDWARDS, PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

FEBRUARY 5, 2000

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 VD ☒ Delete
NAME TEVNIS, TERRY
STREET ADDRESS 371 MAE COURT
CITY-ST-ZIP PALM HARBOR FL

TITLE VD ☒ Change ☐ Addition
NAME CALLERAME, JOHN P.
STREET ADDRESS 1435 NOELL BLVD.,
CITY-ST-ZIP PALM HARBOR, FL 34683-5639

TITLE TD ☐ Delete
NAME WEAKLAND, THELMA E
STREET ADDRESS 337 MYRTLE COURT
CITY-ST-ZIP PALM HARBOR FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Delete
NAME STOPHEL, PATRICIA
STREET ADDRESS 341 JEAN STREET
CITY-ST-ZIP PALM HARBOR FL

TITLE PD ☒ Change ☐ Addition
NAME EDWARDS, DAVID
STREET ADDRESS 1428 NOELL BLVD.,
CITY-ST-ZIP PALM HARBOR, FL 34683-5638

TITLE SD ☐ Delete
NAME MALFA, LINDA W
STREET ADDRESS 248 JEAN STREET
CITY-ST-ZIP PALM HARBOR FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Thelma Weakland TREASURER, THELMA WEAKLAND February 5, 2000 727-7846132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)