

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000003871**

1. Entity Name

THE SHOPPES OF TERRAMAR BUSINESS ASSOCIATION, IN**FILED**
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90116 042 ****61.25

Principal Place of Business

Mailing Address

7965 LANTANA ROAD
LAKE WORTH FL 33467P.O. BOX 3768
LANTANA FL 33465-3768

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

65-0588805

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**MECCA, PETER L
7965 LANTANA ROAD
LAKE WORTH FL 33467

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	DP	MECCA, PETER L	P.O. BOX 3768 N/A							
			LANTANA FL 33465-3768							
	VSTD	SMIGIEL, GARY L	P.O. BOX 3768 N/A							
			LANTANA FL 33465-3768							
	D	SCHWAB, LORI J	P.O. BOX 3768 N/A							
			LANTANA FL 33465-3768							

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter L. Mecca

1/6/00 561-968-3605

Date

Daytime Phone #

CR2E037 (9/99)