

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000077838

1. Entity Name

TERHUNE ENTERPRISES, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90123 021 ***150.00

Principal Place of Business

915 W. NEW YORK AVE.
DELAND FL 32720
US

Mailing Address

915 W. NEW YORK AVE.
DELAND FL 32720
US

2. Principal Place of Business

1600 W. New York Ave.
Suite, Apt. #, etc.

3. Mailing Address

1600 W. New York Ave.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Deland, FL

City & State

Deland, FL

4. FEI Number

59-3208234

Applied For

Not Applicable

Zip
32720

Country

USA

Zip

32720

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TERHUNE, JOHN J
1600 WEST NEW YORK AVENUE
DELAND FL 32720

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME TERHUNE, JOHN J
STREET ADDRESS 1600 W NEW YORK AVE
CITY-ST-ZIP DELAND FL ☐ Delete

TITLE VPD
NAME TERHUNE, PATRICIA R
STREET ADDRESS 1600 W NEW YORK AVE
CITY-ST-ZIP DELAND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patricia R. Terhune
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01
Date

904/736-9445
Daytime Phone #

CR2E034 (10/00)