

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State
 05-04-2000 90191 001 *1,746.25

DOCUMENT # P95000067184

1. Entity Name

GOLF TERRACE GENERAL PARTNER, INC.

11192



DO NOT WRITE IN THIS SPACE

Principal Place of Business %DARYL B CRAMER, P.A. 515 N. FLAGLER DR., STE. 910 WEST PALM BEACH FL 33401-4325 US	Mailing Address %DARYL B CRAMER, P.A. 515 N. FLAGLER DR., STE. 910 WEST PALM BEACH FL 33401-4325 US
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2. Principal Place of Business /o Daryl Cramer & Assoc., P.A. Suite, Apt. #, etc. 515 N. Flagler Dr., #910 City & State W.P.B., FL Zip 33401 Country US	3. Mailing Address c/o Daryl Cramer & Assoc., P.A. Suite, Apt. #, etc. 515 N. Flagler Dr., #910 City & State W.P.B., FL Zip 33401 Country US
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4. FEI Number 65-0627986	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
 CRAMER, DARYL B P.A.
 515 N. FLAGLER DR.
 STE. 910
 WEST PALM BEACH FL 33401-4325

7. Name and Address of New Registered Agent
 Name
 Daryl Cramer & Associates P.A.
 Street Address (P.O. Box Number is Not Acceptable)
 515 N. Flagler Dr., #910
 City
 W.P.B. FL Zip Code
 33401

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]* DATE *4/4/00*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MYERS, WILLIAM P 9030 LESLIE STREET, SUITE 308 ONTARIO, CANADA L4B 1G2	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LUCCHESI, FABRIZIO 9030 LESLIE STREET, SUITE 308 ONTARIO, CANADA L4B 1G2	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* Fabrizio Lucchese, Vice President *4/27/00* 905/882-1212
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)