## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P96000021631** Mar 07, 2000 8:00 am Secretary of State TERRACE HOTEL CORPORATION 03-07-2000 90062 037 \*\*\*150.00 Principal Place of Business Mailing Address 100 E MAIN STREET 100 E MAIN STREET LAKELAND FL 33801 LAKELAND FL 33801-4655 UUUUUUIT 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 74-2781058 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent. ALLEN, PHILIP O Street Address (P.O. Box Number is Not Acceptable) 1701 SOUTH FLORIDA AVENUE LAKELAND FL 33803 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) 🕠 ٫ Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE HERMANS, JOSEF C NAME NAME STREET ADDRESS 2123 PECKHAM STREET ADDRESS CITY-ST-ZIP **HOUSTON TX** CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE SCHARAR, ROBERT W NAME 1202 BRIARBROOK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **HOUSTON TX** CITY-ST-ZIP Change ☐ Addition Delete TITLE KEITH, RANDALL D NAME 1050 CHESHIRE STREET ADDRESS STREET ADDRESS **HOUSTON TX** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE MESSER JR. ROBERT P NAME NAME 1910 MISSION SPRGS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KATY TX ☐ Change ☐ Addition TITLE Delete TITLE ALLEN, PHILIP O NAME NAME 100 E MAIN STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LAKELAND FL Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 receiper 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 attachorer with an address, with all other like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR