

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90022 005 ***158.75

CR2E034 (9/01)

DOCUMENT # P96000021631

1. Entity Name

TERRACE HOTEL CORPORATION

Principal Place of Business

Mailing Address

**100 E MAIN STREET
LAKELAND FL 33801
US****P OB OX 24628
LAKELAND FL 33802
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

225 E. Lemon St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

City & State

City & State

Lakeland FL

Zip

Country

Zip

Country

33801**US**

4. FEI Number

74-2781058

Applied For

Not Applicable

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

ALLEN, PHILIP O**1701 SOUTH FLORIDA AVENUE
LAKELAND FL 33803**

Name

Street Address (P.O. Box Number is Not Acceptable)
225 E. Lemon St., Suite 300City
Lakeland**FL**Zip Code
33801

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **HERMANS, JOSEF C**
CITY-ST-ZIP **2123 PECKHAM
HOUSTON TX**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **FARNSWORTH, JAMES L**
CITY-ST-ZIP **308 LEMON STREET EAST
LAKELAND FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **T**
STREET ADDRESS **MESSER JR, ROBERT P**
CITY-ST-ZIP **1910 MISSION SPRGS
KATY TX**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **DS**
STREET ADDRESS **ALLEN, PHILIP O**
CITY-ST-ZIP **100 E MAIN STREET
LAKELAND FL**TITLE ☒ Change ☐ Addition
NAME **DS**
STREET ADDRESS **ALLEN, PHILIP O.**
CITY-ST-ZIP **225 E. Lemon St., Suite 300
Lakeland, FL 33801**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

2/20/02**863-683-6511**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Philip O. Allen, Secretary

Date

Daytime Phone #