

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000034995

1. Entity Name

TERRA-VITA, INC.

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90129 013 \*\*\*150.00

Principal Place of Business

3273 SABAL SPRINGS BLVD  
NO FORT MYERS FL 33917-2013  
US

Mailing Address

1505 SE 40TH STREET  
SUITE C  
CAPE CORAL FL 33904-7913  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0953022

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~H.S. BLAIR & ASSOCIATES INC.~~  
~~1505 SE 40TH STREET~~  
~~SUITE C~~  
~~CAPE CORAL FL 33904~~

Name

James W. Amburn

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

1505 S.E. 40th Street

Suite C

City

Cape Coral

FL

Zip Code

33904

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME GOTTSCHALK, HANS-JURGEN  
STREET ADDRESS FELDBERGBLICK II 61389  
CITY-ST-ZIP SCHMITTEN GERMANY

☐ Delete

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

TITLE VD  
NAME BRANDT, PETER  
STREET ADDRESS 3273 SABLE SPRINGS BLVD  
CITY-ST-ZIP NO FORT MYERS FL 33917-2013

☒ Delete

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)