

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000045526

1. Entity Name

TERRY & JOHN ENTERPRISES, INC.

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

02-20-2000 90006 025 \*\*\*150.00

Principal Place of Business

909 SUMMERBROOKE DRIVE  
TALLAHASSEE FL 32312  
US

Mailing Address

909 SUMMERBROOKE DRIVE  
TALLAHASSEE FL 32312-6705  
US

2. Principal Place of Business

2020 West Pensacola St.

Suite, Apt. #, etc.

Suite 56

City & State

Tallahassee, FL

Zip 32304

Country

USA

3. Mailing Address

2020 West Pensacola St.

Suite, Apt. #, etc.

Suite 56

City & State

Tallahassee, FL

Zip

32304

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3379970

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BIST, MICHAEL P  
1300 THOMASWOOD DR.  
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

Name Jon Homan

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

501 Blairstone Rd. Apt #4204

City Tallahassee

FL

Zip Code 32301

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

Jon Homan

2-1-2000

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GRAVES, TERRY G	
STREET ADDRESS	909 SUMMERBROOKE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DULWORTH, TERRI L	
STREET ADDRESS	9477 BUCKHORN TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GRAVES, RYAN A	
STREET ADDRESS	909 SUMMERBROOK DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GRAVES, JANICE	
STREET ADDRESS	909 SUMMERBROOKE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Homan, Jon	
STREET ADDRESS	501 Blairstone Rd.	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon Homan

2-1-2000

Date

(850) 219-1287

Daytime Phone #

CR2E034 (9/99)