

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031261

1. Entity Name

THE TERRACE AT PELICAN, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90040 009 ***150.00

Principal Place of Business

Mailing Address

10221 EMERALD COAST PARKWAY
DESTIN FL 32541

P. O. BOX 216
DESTIN FL 32540-0216

2. Principal Place of Business

970 Highway 98 East

3. Mailing Address

Suite, Apt. #, etc.

Suite 106

City & State

Destin, FL

4. FEI Number

59-3507539

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

ADAMS, JAMES F
10221 EMERALD COAST PARKWAY WEST
DESTIN FL 32541

Name

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

970 Highway 98 East

Suite 106

City

Destin

FL

Zip Code

32541

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

James F Adams

3-21-2000

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 ☐ Delete
NAME ADAMS, JAMES F
STREET ADDRESS 4121 INDIAN TRAIL
CITY-ST-ZIP DESTIN FL 32541

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ 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:

James F Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-2000

Date

Daytime Phone #

850-837-
3145

CR2E034 (9/99)