

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000003017

1. Entity Name

TERANGA MANAGEMENT, INC.

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90154 017 ***150.00

Principal Place of Business

Mailing Address

~~2100 MAIN STREET~~
~~SARASOTA FL 34237~~

~~2100 MAIN STREET~~
~~SARASOTA FL 34237-6024~~

2. Principal Place of Business

3. Mailing Address

17990 SAN CARLOS BLVD

17990 San Carlos Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT MYERS BEACH, FL

City & State

Ft. Myers Beach, FL

4. FEI Number

65-0888435

Applied For

Not Applicable

Zip

33931

Country

US

Zip

33931

Country

U.S.

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

JANSEN, P. CHRISTOPHER

~~2100 MAIN STREET~~
~~SARASOTA FL 34237~~

Name HENRI ROCHARD

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

791 CAPE VIEW DRIVE

City FT MYERS

FL

Zip Code 33919

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

[Signature]

Henri ROCHARD

4/6/00

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 D
NAME ROCHARD, HENRI
STREET ADDRESS 791 CAPE VIEW DRIVE
CITY-ST-ZIP FT. MYERS FL 33919 ☐ Delete

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

TITLE D
NAME ROCHARD, CHRISTA
STREET ADDRESS 791 CAPE VIEW DRIVE
CITY-ST-ZIP FT. MYERS FL 33919 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 another the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Henri ROCHARD

4/6/00

Date

(941) 466 9700

Daytime Phone #

CR2E034 (9/99)