

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S82374**

1. Entity Name
PETER GREY TERHUNE PRESENTS, INC.

Principal Place of Business
133 N. ORLANDO AVE.
COCOA BEACH FL 32953
US

Mailing Address
P.O. BOX 715
CAPE CANAVERAL FL 32920

2. Principal Place of Business
1353 N. Courtenay Pkwy.

Suite, Apt. #, etc.
Suite Y

City & State
Merritt Island FL 32953

Zip **32953** Country **US**

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90125 004 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3090790	Applied For <input type="checkbox"/>
	Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**TERHUNE, PETER GREY
219 SYKES POINT LANE
MERRITT ISLAND FL 32953**

Name

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

City

FL

Zip Code

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 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

CR2E034 (9/01)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TERHUNE, PETER GREY 219 SYKES POINT LANE MERRITT ISLAND FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TERHUNE, CATHY ABRAM 219 SYKES POINT LANE MERRITT ISLAND FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 ~~executive~~ 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 like empowered.

SIGNATURE: PETER GREY TERHUNE PRESENTS, INC.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/2002 (321)453-2313

Date

Daytime Phone #