

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V58902

1. Entity Name
TERRACE REALTY CORPORATION

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90007 011 ***150.00

Principal Place of Business
5400 OCEAN BLVD
SIESTA KEY FL 34242

Mailing Address
5400 OCEAN BLVD
SIESTA KEY FL 34242

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0353562**

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

FREESE, MARCUS DR
5400 OCEAN BLVD
#11-1
SARASOTA FL 34242

Name **John Girotto**
Street Address (P.O. Box Number is Not Acceptable)

5400 Ocean Blvd

City **Sarasota**

FL

Zip Code **34242**

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, 2001 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 **P** ☒ Delete
NAME **FREESE, MARCUS DR**
STREET ADDRESS **5400 OCEAN BLVD #11-1**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **President** ☐ Change ☒ Addition
NAME **John Girotto**
STREET ADDRESS **5400 Ocean Blvd # 7-3**
CITY-ST-ZIP **Sarasota FL 34242**

TITLE **S** ☐ Delete
NAME **CLAPP, CHARLES**
STREET ADDRESS **2555 PENNSYLVANIA AVE NW**
CITY-ST-ZIP **WASHINGTON DC**

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

TITLE **T** ☒ Delete
NAME **STOKE, JUDY L**
STREET ADDRESS **350 LAKEWOOD DR #10**
CITY-ST-ZIP **BRANDON FL 33510**

TITLE ☒ Change ☐ Addition
NAME **Stoke, Judy L.**
STREET ADDRESS **225 HERONS RUN DR. #606**
CITY-ST-ZIP **Sarasota, FL 34232**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
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 another like empowered.

SIGNATURE:

John R. Girotto

JOHN R. GIROTTO

2-14-01

(941) 349-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)