

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90219 017 ***158.75

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DOCUMENT # 449175

1. Entity Name
TERRA COTTA REALTY (FLORIDA), INC.



Principal Place of Business
**3703 SOUTH ROUTE 31
CRYSTAL LAKE IL 60012
US**

Mailing Address
**3703 SOUTH ROUTE 31
CRYSTAL LAKE IL 60012
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-0386126

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DCH	<input type="checkbox"/> Delete
NAME	BERRY, GEORGE A. III	
STREET ADDRESS	3703 SOUTH ROUTE 31	
CITY-ST-ZIP	CRYSTAL LAKE IL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HAYWARD, THOMAS Z.	
STREET ADDRESS	3703 SOUTH ROUTE 31	
CITY-ST-ZIP	CRYSTAL LAKE IL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BERRY, GEORGE A. IV	
STREET ADDRESS	3703 SOUTH ROUTE 31	
CITY-ST-ZIP	CRYSTAL LAKE IL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BERRY, ROBERT F.	
STREET ADDRESS	3703 SOUTH ROUTE 31	
CITY-ST-ZIP	CRYSTAL LAKE IL	
TITLE	SGM	<input type="checkbox"/> Delete
NAME	MARTINEZ, KATHLEEN M	
STREET ADDRESS	3703 SOUTH ROUTE 31	
CITY-ST-ZIP	CRYSTAL LAKE IL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	NELSON, JOHN C	
STREET ADDRESS	3703 SOUTH ROUTE 31	
CITY-ST-ZIP	CRYSTAL LAKE IL 60012	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-03
Date

815-459-2400
Daytime Phone #

CR2E034 (10/02)