

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000995**

1. Entity Name

TURNER HARDWARE HODGES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 24 AM 9:48

Principal Place of Business
1926 OCEANFRONT
NEPTUNE BEACH FL 32266

Mailing Address
1926 OCEANFRONT
NEPTUNE BEACH FL 32266-4859



2. Principal Place of Business
13164 Atlantic Blvd.
Suite, Apt. #, etc.

3. Mailing Address
13164 Atlantic Blvd.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Jacksonville, FL.
Zip **32225** Country

City & State
Jacksonville, FL.
Zip **32225** Country

4. FEI Number
59-3585186

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

YONG, FRANK J
1050 RIVERSIDE AVENUE
JACKSONVILLE FL 32201

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$6,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **4,386,360**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P99000054758**
NAME **SHELBY AND MARY TURNER, INC.**
STREET ADDRESS **1050 RIVERSIDE AVENUE**
CITY - ST - ZIP **JACKSONVILLE FL 32201**

STREET ADDRESS
CITY - ST - ZIP **27/3/2/00**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

500003161655--5
-03/08/00--01017--018
***526.25 ***526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED** *Mary L. Turner 2-17-00*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)